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THE  
AMERICAN JOURNAL OF NURSING

OFFICIAL ORGAN OF THE

NURSES' ASSOCIATED ALUMNÆ OF THE UNITED STATES; THE  
AMERICAN SOCIETY OF SUPERINTENDENTS OF TRAINING-  
SCHOOLS FOR NURSES; THE ORDER OF SPANISH-  
AMERICAN WAR NURSES; THE GUILD OF  
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VOLUMES I. AND II.

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PHILADELPHIA

J. B. LIPPINCOTT COMPANY

1902

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THE

# AMERICAN JOURNAL OF NURSING

OFFICIAL ORGAN OF THE

Nurses Associated with the United States, the  
American Society of Superintendents of Training  
Schools for Nurses, the Order of Nurses,  
American Nurses, the Order of  
St. Elizabeth and the New York  
State Nurses Association

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ROBERT A. WALSH

EDITOR

WILLIAM A. BROWN  
WILLIAM A. BROWN

WILLIAM A. BROWN  
WILLIAM A. BROWN

VOLUME I AND II

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MISS MARY E. P. DAVIS

Chairman Committee on Periodicals of the Associated Alumnae of Trained Nurses  
of the United States



# THE AMERICAN JOURNAL OF NURSING

VOL. II

OCTOBER, 1901

NO. I

## ADDRESS OF THE PRESIDENT, MISS ISABEL McISAAC, BEFORE THE THIRD INTERNATIONAL CONGRESS OF NURSES, HELD IN BUFFALO, SEPTEMBER 18-21, 1901

MISS McISAAC, after graceful acknowledgments for the addresses of welcome, spoke as follows:

"In approaching the discharge of my duties as presiding officer of this third International Congress of Nurses, I beg to express my appreciation of the generosity by which I have been called to such an honor.

"This appreciation becomes all the more pronounced when I reflect upon the conspicuous achievements of my predecessors and colleagues in all lands, who have labored zealously and with beneficent results, not alone in nursing fields, but in behalf of organization, to guard which must be one object of our labors upon this occasion.

"It requires a pen and tongue far more eloquent than mine to do justice to the feelings which arise when we consider the significance of this gathering. Every meeting of this kind is a record of our progress, and by each one we may determine how far forward or how far backward we have gone. When we look back upon all the great movements of the world we should never lose sight of the one great fact, that a cause which is righteous is never wholly lost. It may be obscured and neglected, individual effort may fail, but the time will come when it is carried to success.

"If the phenomenal growth of nursing is any indication of its righteousness, then who can doubt our future? Small wonder that our pioneers, some of whom are still with us, express themselves as sometimes awed by the mighty impetus of the ball they started rolling scarcely more than a generation ago. The story of our beginning is so near to us that it is too well known to need repetition—our history so short that it is soon told.



“To our English colleagues we of the United States owe more than we can ever repay, and if in our swift American fashion we have broken from their leading-strings and made paths for ourselves, we none the less acknowledge our indebtedness with gratitude, and display our accomplishments with the same pride, mingled with a little doubt, with which sons and daughters display theirs to the friends at home. The tie of common speech and common interests is a strong one, even in the every-day work of commerce, but when the mutual interests concern life and death, the tie grows in strength and engenders a peculiar feeling of sympathy and kinship.

“Our first International gathering in Chicago in 1893 was marked very distinctly by the making of acquaintance, which sounds rather insignificant, but on second thought assumes its proper place, and we realize that it signified a tremendous force in nursing affairs. The exchange of experiences suddenly roused many women to the fact that the deficiencies and difficulties of their work were peculiar to the whole nursing profession, and not to one school or hospital. To that meeting we owe the greater part of the progress which has been made since then, in America at least, and we will devoutly hope that from this Congress may come as much that is good and great.

“Any number of the problems taken up for discussion then still confront us in both continents,—the uniform requirements for admission to our schools, the uniform curriculum, what shall constitute a trained nurse, State registration, local and national organization, a code of ethics, and many minor questions.

“In America the extension of the training course from two to three years is nearer an accomplished fact than any other question, and while the curriculum is far nearer uniformity than it was eight years ago, there is still much to be desired.

“The question as to what constitutes a trained nurse seems farther from settlement in this country than at any time before. We Americans have strongly what the French call ‘the faults of our qualities.’ In our nervous energy and haste to embrace all things new and to get to the end by a short cut we often sacrifice quality and thoroughness to speed, and in no other work is this more glaring than in the enormous increase of so-called training-schools which have neither educational nor moral right to exist. We will listen with much interest and eagerness to our foreign delegates upon this subject, for it is one of extreme gravity to our profession. The establishment of a chair of Hospital Economics in Columbia University has been one of our most important undertakings, originating with the nurse who has done more for our profession in America than any other one woman. The Columbia



course will undoubtedly be a most valuable leaven for the whole lump, and I may say, with no fear of giving offence, that the superintendents themselves know better than anyone else the great need of better teachers of nursing. We cannot hope for improvement in pupils without a greater improvement in the heads of our schools. The organizations for nurses all over the world have developed wonderfully, and while we occasionally hear expressions of discouragement, we should not forget that we have learned much by contact, and should see our deficiencies now far more clearly than formerly, and if we continue to struggle for better things, a 'noble discontent' with ourselves is the very best stimulus we can have.

"A topic new to the nurses of the United States since our first meeting, although an old one in England, is army nursing—a huge problem undertaken here in an emergency, and one in which we sadly acknowledge we have not always done ourselves credit, nor, perhaps, always given credit where it may have been due. In this, alas, our friends across the sea share with us some of the same humiliation; but if all experience is good for us, then we should listen with open hearts and minds to those who can point out a better way for our future guidance, and take the criticism we deserve with the right spirit. For, after all is said and done, the roots of our shortcomings existed before the Spanish-American or South-African Wars.

"An undertaking of which we are justly proud is *THE AMERICAN JOURNAL OF NURSING*. To paraphrase our great Lincoln, 'a journal of nursing, for nurses and by nurses,' the work of which has been entirely done, until within a few weeks, by nurses hard worked in other lines. A monument to the courage and devotion of American nurses, we recognize it as a tremendous factor for good, and that, whatever its standards and influence, it is and will be what nurses make it.

"Again I beg to express our thanks to our cordial hosts of Buffalo, and to extend to the distinguished guests within our gates who share with us this undertaking the hand of fellowship, and felicitate them upon their achievements in our great profession."





## A PLEA FOR THE HIGHER EDUCATION OF TRAINED NURSES \*

By MRS. BEDFORD FENWICK

President of the International Council of Nurses

LADIES AND GENTLEMEN: I am deeply sensible of the honor of addressing this great assembly in the interests of nursing. Trained nurses and the public are so closely united by the ties of friendship and mutual obligation that this seems an opportune moment to consider how best they can discharge the duties they owe to each other.

I trust you will not misunderstand me when I say that the public generally are not acquainted with the vital needs of trained nurses, and have not fully realized the very rapid process of evolution which nursing is passing through in order to keep pace with the demands made upon it by scientific medicine and surgery. Let me prove my point by reference to Florence Nightingale. I doubt very much if the large majority of persons who honor her name realize the significance of her unique work, which is the heritage of humanity. The world is apt to associate her name primarily with army-nursing reform, but it is not the Red Cross which will symbolize her life's work and immortalize her name when she goes hence, but the fact that she laid down the laws and principles of nursing on a scientific basis, and it is because she realized and enforced the truth that nursing is not only a technical handicraft, but a scientific profession, that the nurses of all nations owe her an inestimable debt.

The modern nurse, so fit and trim, is now indispensable in every sick-room. She is known to and honored by all. Nurses have qualified themselves for the duties demanded from them—their expert knowledge, their skill, and resourcefulness have only been acquired by years of practical work in the hospital wards and by many hours of theoretical study. This severe training successfully passed through, they are ready and willing to pour out a treasure of skilled and tender care for the benefit of the sick and suffering among rich and poor, and their only demand is that the educational curriculum—be it never so severe—shall fit them to perform their duties in the most thorough and acceptable manner.

With a few notable exceptions modern training-schools do not provide a complete system of nursing education, and I doubt if it is possible for them to do so.

\* Read at the meeting in the Temple of Music, Saturday, September 21



It may be urged that the old order has passed and a new era dawned—that we have now good training-schools connected with our great hospitals where the best clinical material is at hand, that to these hospitals are attached well-regulated nurses' homes, under the direction of trained superintendents, provided with every comfort and even luxury; that theoretical teaching is organized, and practical details systematically taught; that hours on and off duty have been carefully regulated. All this being admitted, the question then may be asked—What more is required?

I own gratefully that much has been accomplished, and notably in the United States, but I would also urge that much remains to be done. Few who have studied the question will be prepared to admit that the nursing education afforded by the majority of our training-schools is the best which it is possible to give, and until this is unanimously conceded nurses must earnestly plead for increased facilities for acquiring knowledge in order to qualify themselves for their onerous vocation in the best possible manner.

Moreover, when our training-schools have thoroughly systematized their teaching there will still remain functions in relation to the education, discipline, and status of the trained nurse which will not come within their jurisdiction. Science and hospital economics are daily making such increased demands upon the intelligence and vitality of trained nurses, that with the best the training-schools have to give them they cannot go the pace.

To enumerate our most pressing needs, we require preliminary education before entering the hospital wards; we need post-graduate teaching to keep ourselves in the running; we need special instruction as teachers to fit us for the responsible positions of sisters and superintendents; we need a State-constituted board to examine and maintain discipline in our ranks, and we must have legal status to protect our professional rights and to insure to us ample professional autonomy.

We stand now at the Rubicon, and to cross it we need a gilded galley. We must either go forward or go back; beyond, we see plainly the flowery promised land; before us lies the organized and scientific profession of our dreams, in which every duly qualified nurse is registered as a skilled nursing practitioner. Behind us is that dreary downhill path, descending to a disorganized vocation of obsolete methods, in the ranks of which all kinds and conditions of workers—good, bad, and indifferent—struggle and compete.

Justice and self-respect demand that we shall go forward, and it is greatly to the honor of nurses that the cost of professional organization



and progressive educational methods has been financed by some of their members inspired by a high sense of professional duty.

Here in the United States I have only to allude to the splendid work accomplished by the Society of Superintendents of Training-Schools. Having associated themselves together to effect professional reform, they brought into existence the Alumnae Associations of graduate nurses, which are grouped into a national society known as the Associated Alumnae of Trained Nurses of the United States. Together the Superintendents' and Nurses' Societies form the Federation of American Nurses, a body which represents the profession in the National Council of Women, and which will at an early date also affiliate with the International Council of Nurses, which has called together this great Congress.

Again, when it was realized that American nurses must have a voice in the press, those same women came forward and undertook the entire financial responsibility of producing *THE AMERICAN JOURNAL OF NURSING*, to which they have also given generous unpaid services.

Through the influence of the Society of Superintendents a post-graduate educational course for nurses desiring to qualify for the higher professional posts has been organized at Teachers' College, Columbia University, and the members of this society have ungrudgingly given their time and labor to make the course a success. We realize, therefore, that nurses have not been unmindful of their professional obligations.

But educational advantages for nurses mean a direct gain to the public, and I think you will agree with me that it is not just that the whole financial burden of the further advance of nursing should be entirely borne by nurses themselves. In other and richer professions the public take their share in financial support. Witness the magnificent universities, the endowed professorial chairs, the medical colleges, public libraries, and numerous organizations which afford opportunities of study to different sections of workers, resulting in the ultimate benefit of the community at large, but owing their existence to the munificence of a comparatively few public-spirited persons.

I claim that the time has come when nurses need their educational centres, their endowed colleges, their chairs of nursing, their university degrees, and State registration, and the present seems the psychological moment to come to the public, not as strangers, but as professional workers known and trusted through the length and breadth of the land, and to urge that, as nurses pour out on its behalf a skill and devotion for which gold is no real recompense, the public shall now prove its appreciation and interest in the noble work of nursing by giving some-



thing of its wealth to place nursing education and the status of the trained nurse on a strong financial basis.

Is it too much to hope that the wealthy will come forward and found colleges of nursing—colleges in which the teaching power of the profession would be focussed and centred, which would put the apex on our training course, and by improving the standard of nursing the sick confer a real and lasting benefit on humanity at large?

To pass from the consideration of the theoretical and technical curriculum of nursing education: A nurse cannot live by learning alone. We must consider also her Fantasy and Heart. The heart must be cultivated with as much assiduity as the understanding. True excellence of character is usually acquired by self-cultivation, by patient and unwearied endeavor, and it is founded on the conviction that intellectual attainments alone are those which can exalt the mind, that pure and virtuous feelings alone are those which can adorn it. To this end we would have nurses come into touch with all that is purest, wisest, and most potent for good in this beautiful world, to do which they must take their part in the civil and social movements of the time, realize the obligations of citizenship, and appreciate at their true value national and international events. They must live with others, not altogether for them.

During this last decade there has grown up the great International Council of Women, initiated, I need hardly say, by an American woman, to which the women workers of the world gathered into National Councils are affiliated. Listen to the preamble of the constitution: "Sincerely believing that the best good of humanity will be advanced by greater unity of thought, sympathy, and purpose, we hereby bind ourselves together in a confederation of workers committed to the overthrow of all forms of ignorance and injustice, and to the application of the Golden Rule of society, law, and custom."

Would it not be well that this Mother Council should attach to itself by the silken strings of sympathy international societies of experts, such as the nurses have founded in their International Council of Nurses, and thus encourage them in their social and moral development? And would it not also be well that it should gather from us, for its own intellectual expansion, all the expert information we have to impart? In conclusion, may I recapitulate the three points which I wish to impress upon your kind attention, and through the good offices of the press on others also:

1. The need for a more thorough and better organized educational curriculum for trained nurses, and the foundation and endowment of colleges in which such education can be centred.



2. The advantages of an International Council of Nurses for the furtherance of the social and professional progress of nurses, and for the maintenance of a high standard of nursing ethics and *esprit de corps*.

3. The advantages of the affiliation of international societies of experts with the International Council of Women for mutual intellectual expansion and organization.

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## IN HOSPITAL

BY M. E. R.

### I. LOW FEVER.

THERE was a "service of song" at the Methodist chapel across the way. As the noise came through my open window I could imagine the chapel interior—the air palpitating around the gas-burners, the unvarying type of face in the perspiring congregation, the cheap attempts at decoration, and the stifling smell of the place. On the hottest night of midsummer they were singing the delights of the Heavenly Jerusalem,—

"To be there, to be there,  
Oh, what must it be to be there!"

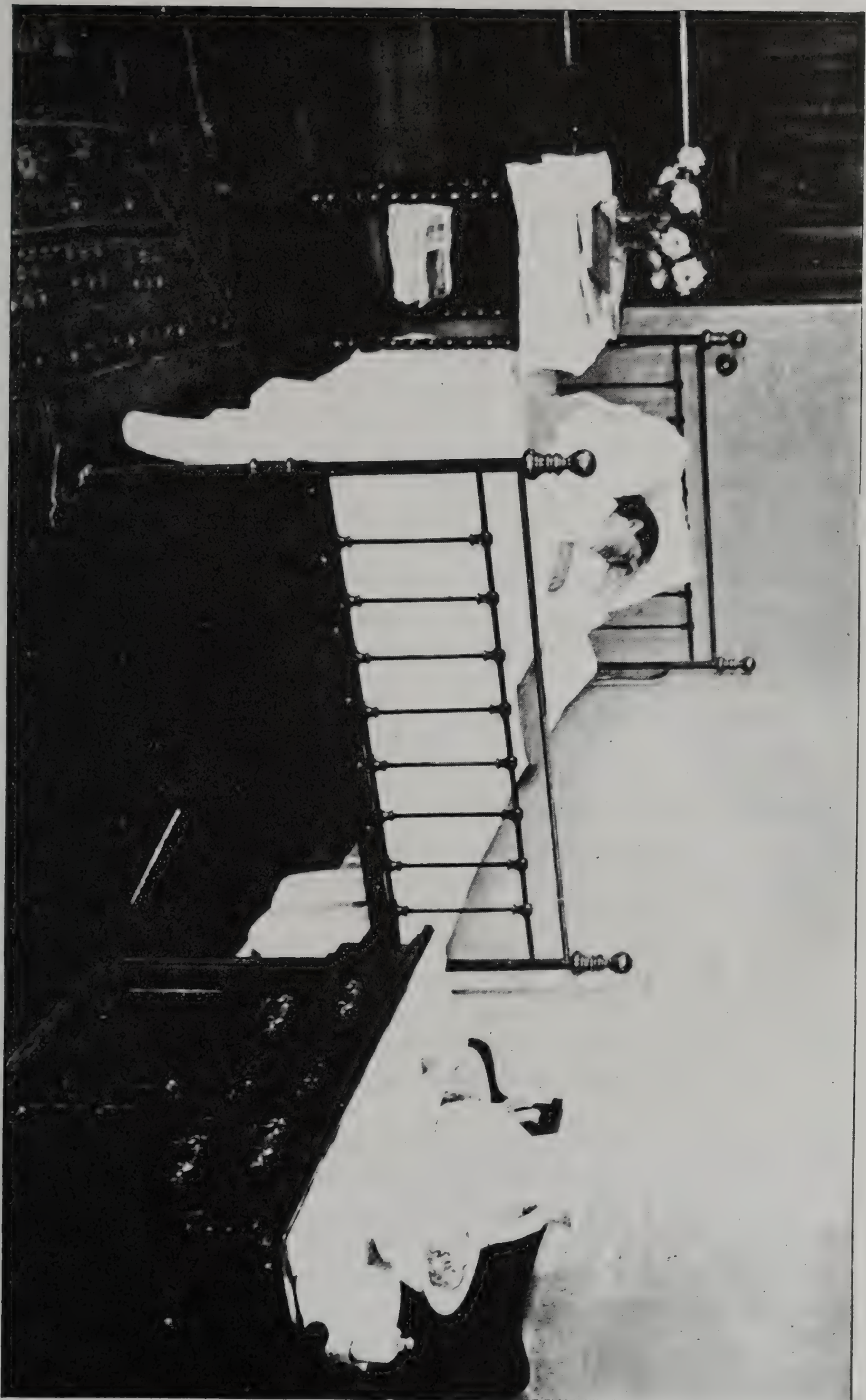
So the words ran, as the stiff, untrained throats of the singers, failing at the higher notes of the refrain, flattened in horrible discord.

Sickness destroys one's power of resistance to external impressions, I suppose, for as I lay there, helpless to get away, the Heaven they sang of seemed insistently near.

Pain was not so bad, after all, though my head and side throbbed furiously; and there might be worse than to lie in the dark in a strange room, consumed with thirst. Who was that invalid, I wondered, who made a practice of cataloguing all the small pleasantnesses of her daily life, recalling them in the night watches? The way a bird cocks his head on one side when he looks at you, the shock of cool, fresh water in the morning, the first dip into a new magazine as you cut the leaves,—these, as I recalled them, were some of the things she cared to record. But I recalled them with difficulty, could not realize them at all, for that intruding conception of a Heaven all tinsel and noise.

It had been a fatal year for typhoids. Perhaps a lurking fear of being ridiculous had saved me, so far, from taking my condition too seriously; but fever plays queer pranks with one's brain, and, for a bad minute, the fear, not of death itself, but of going to an orthodox Heaven, held me as in a vise.





"IT SEEMED SO LONG SINCE THE NURSE HAD BEEN NEAR ME"







I struggled to get free. Why not make my own catalogue of pleasantnesses? That very afternoon, as the stretcher was lifted from the ambulance, had it not been a pleasant thing to look up and recognize the particular beauty of the sky which follows a cloudless summer day? The high-hanging clouds were becoming visible, but delicately so; they were just beginning to make ready for the splendors of a late sunset. It was only a brief glimpse—in a moment the bearers were carrying me along the hospital corridors; but really to see the sky one must look it squarely in the face, and the best way to do that is to lie flat upon one's back. Then, by contrast with the throaty noises of that congregation across the way, what a pleasant thing had always been the moment of suspense when Arthur Nikisch stood above his men with baton raised, and every trained muscle, every disciplined will, was alert to give with purity the first full, satisfying tone in the strings. A moment later, when the first beat had been given, the first stroke made, how the nerves vibrated in sympathy along one's spine and to one's finger-tips! There was another pleasure, and a still better one,—to sit in a corner in the dusk and hear A—— touch the piano; to know just what she was thinking,—but that thought had too many associations, and sent me drifting helplessly.

The woman next door could not sleep. She kept up a moaning, broken by whispered complaints to her attendant. The ward was wakeful, apparently; for, though the chapel people had turned out the lights and gone home long ago, and the clock had struck ten and then half-past with what seemed a long night between, every few minutes a bell would ring, summoning the nurse, and far off a man howled continually in uncontrollable agony. Somehow I did not mind his noise as much as I did my neighbor's—he could not help it, poor fellow.

Moonlight streamed into the corridor and slanted through my open door across a section of the floor. The outside world was breathlessly still, but a contagious unrest seemed to pervade the hospital. I listened intently for each sound, waited to be shaken by it, then turned and tossed and listened again.

It seemed so long since the nurse had been near me to arrange my pillow or bring me a drink, and the unspent hours of the night stretched endlessly far before. Even those church people might have made an agreeable diversion now. But that was the nurse's light tread along the hall, and I heard the cool tinkle of ice in a glass. Had she passed my door, I should have weakly cried, I think; but no, she came in, the tinkling growing clearer and clearer. Talk of symphony orchestras! The pleasantest music in the world is made by a lump of ice in a glass.



## II. DOCTOR'S ROUNDS.

WHEN one is lying in such unaccustomed helplessness, a hint of helplessness outside means panic. The almost military discipline of the hospital is, therefore, the patient's best prop. In so far as the extreme heat relaxes this discipline,—some of the force usually being away, house-cleaning in progress, and quiet more difficult to maintain,—just so far is the patient's recovery retarded. My room was at the end of the downstairs or women's ward, and convalescents and their friends gathered on the veranda outside to compare notes about all the diseases they had ever known. Under this strain my temperature was mounting steadily, when the doctor had me moved upstairs to a quieter room in the men's wing. When their pain was unbearable the men howled, but they talked very little. My satisfaction in the change seemed to afford the doctor some amusement, but then, though I hardly was conscious of it at the time, he afforded me amusement too.

The doctor, his assistant, and the head nurse go the rounds together just after breakfast. There is a certain order of procedure which is, I believe, invariable. The doctor raps, enters, shakes hands with the patient, sits down; the nurse stands at the foot of the bed, instruction-book and pencil in hand; and the assistant, carrying an ink-bottle and the record of your case, stands by the mantel, ready to write down new symptoms.

On the first morning the doctor entered as if he were coming into a drawing-room, and paused with an alert air, ready to take the smallest hint. I got the impression of an athletic figure and capable head—still young and smooth-faced, but with a not very satisfactory mouth. Capable of subtlety, he yet was about to make the initial mistake of an indulgent manner. Was I thirsty? Well, I might have all the water I wanted; the nurse would please put that down. And did I care for aerated waters? Well (with an air of conceding much), there was no objection to the indulgence; the nurse might put that down also. At which I did not laugh in his face, because laughing was too great an exertion.

I was in a half-stupor during the week that followed. A direct question seemed worse than a blow, and the man who called "Hucklebays!" a block away, and the other man who ground a piano-organ beyond the hospital enclosure, were no longer merely the sources of street noise. They marched across my line of life and back again, making queer, crooked turns in my dim consciousness; they advanced and retreated in waves of colored sound; between them it was to be settled whether I should live or die.



III. HIGH FEVER.

WHY did you say—that night so long ago?—  
 We speed so fast, though, I could never hear;  
 Our steeds drag headlong through the molten air;  
 The white track blinds me, and the whole world throbs  
 With pain—a senseless, brute, ignoble pain. . . .  
 Are you still there? Do not come near, nor look,  
 But just in pity tell me why you ever said—  
 Faster, faster, lash the horses on!  
 The wind blows hotter and the throbbing grows,  
 But Hell itself can no new horrors hold  
 To match these surging, upturned heads. They sink,  
 They rise, they crowd upon us here—a sea  
 Of tragic faces, loathsome, terrible.  
 And your face too! Time was when just your look  
 Made heaven. Ah, when was that? Ages ago,  
 I think. You died since then and never said—  
 Why did you ever say—in pity tell—  
 Nay, but I *will* know, grappling you and Death.

. . . . .

I would not break your arm, dear nurse. Yes,  
 Your hand is cooling; hold it there awhile.

IV. DETACHMENT.

WHEN a fever at last burns low, and the patient has had no solid food for weeks, there comes a period of clear-headedness, of keen sensation, during which, if one were only stronger,—tantalizing thought,—one certainly must be far cleverer than common. When this period came for me, I lay long hours of the summer days quietly thinking. The mood was one of detachment. I had no desire to establish relations with the people who moved in and out my sick-room, for old memories were my company—old memories of books, places, and people. These I read anew with quickened insight, new standards of measure. Some such experience everyone has had, I suppose, in the moment between sleeping and waking, when a vexing question will seem luminously clear, only to be obscured again by the shock of contact with reality. Happily, no such disillusioning test was to be applied to my invalid thoughts. I believed in them then and I believe in them now, though of what they were about I have no very clear recollection.

A period of such beatific self-content could not last long. It was succeeded by a craving for books, or not so much for books as for one particular form of literary thought and expression. All reading was still denied me, so there was ample time to think out the details of this form. It must be prose, but imaginative and finely done; not fiction either, for fiction would be too much like fact. Some prose study was what I wanted,



and I tried to think of all the essayists in turn. The eighteenth-century men were too artificial. Macaulay's sledge-hammer periods were out of the question, Lamb's whimsicalness spoilt him for the time, Arnold was too controversial, Emerson too thin-blooded, and De Quincey, who might have done very well, escaped my mind.

When it was grudgingly conceded that A—— might read to me an hour a day, she came with a bundle of new magazines. They seemed so inadequate to the occasion that my face betrayed me. I tried to explain what I had in my mind, and, though I was incoherent enough to have puzzled anyone else, the right book was promptly at hand the next day. With the first sentences I knew that here was what I wanted. A high, weather-stained wall in a sculptor's yard, the cool close of summer at Valenciennes as the eighteenth century begins, and then the growth of Watteau's art traced step by step in the journal of a girl of the Provinces, his cousin. He had, she says, in her effort to catch the distinguishing characteristic of his style, his "cleanly preferences." What an admirable trait! so far removed from the brutality of false emphasis, of high fever. It seemed the secret—through all that delightful book, as A—— read it to me on three successive afternoons—of Pater's own style. But one progresses rapidly from this stage. Before "Imaginary Portraits" was finished I had begun to watch the people about me, and my first step back into the world of men and women had been taken.

#### V. CONVALESCENCE.

ONE of the nurses was a rich Philadelphia widow in her second year of training. The world and its allurements had palled upon her, and she proposed to dedicate herself to the slums. She could not have been more than thirty—one of your warm-cheeked brunettes and good to look upon,—or she would have been good-looking had she never moved or spoken; her Delsartian gestures and the self-conscious modulations of her voice filled one with distrust of the bloom.

Sentimentality had marked her for its own. I knew it by the lifted eyebrows and the frown of pain between them as she counted my pulse and adjusted my pillow. I knew it by the guarded yet confidential tone in which she referred to "Marcella." Five of her friends had sent her copies of the book, and were foolish enough to think her like the heroine.

No wonder the world failed to satisfy her! But the slums must fail too. I pictured the cowed awe with which so much manner must at first oppress them, and, later on, the savage force of their revolt.

Passively to have received the ministrations of such a nurse for long, the humor of the situation must have worn off—it must have become intolerable; but, happily, I escaped this. My own nurse was somewhat



angular,—she stooped, in fact,—but there was a merry twinkle in her eyes, especially when they lighted on the widow, which gave assurance that one might trust her to take hold of life by the right handle. She laughed at me and my returning appetite, and fostered my interest in the hospital life by graphic little sketches of her associates and of the other patients. By the time I was promoted to a wheel-chair I knew something about each one of these.

There was the poor fellow from Canada to whom she had carried a cluster of my bunch-berries as a reminder of home. He had been very ill with the fever and a sister had come to nurse him. When he was well enough to be read to, the sister went into town to get some attractive literature, and brought back Stead's "If Christ Should Come to Chicago." Then there was the old German organist who had never missed a service for fifty years, and, waking one morning to find one side paralyzed, had received this stroke of fortune with the petulant surprise of a small child. I had known his playing—a dry, scholastic style, and had seen a text-book of his on counterpoint and thorough-bass. It appeared that the old gentleman was also a student of the Swedenborgian metaphysics, but these studies had failed to prepare him for the turn of events which suddenly had flung him on his back—it seemed to him altogether unreasonable, unprecedented. He was a troublesome patient, always ringing his bell and demanding the impossible, but I noticed that the nurses liked him. They seemed to feel that his unworldliness had received a shock, that one who had spent his life with the abstractions of musical mathematics and of the seven spheres needed time to readjust himself to the hard facts of life. I also noticed that not one of them had any patience with a little Hebrew at the end of the ward, who had been a mere bunch of acquisitiveness, probably, until rheumatism gripped him. No doubt he had suffered, but his inordinate demands were in no sense an effort to adjust his sufferings to a philosophy of things; they seemed just the old, life-long habit of asking for all he could get.

My nurse said that there were not so many "characters" in a pay ward, and that nursing in a free ward was for that reason more interesting work. There was an Irishman in the free surgical ward, she told me, for whom was prescribed two ounces of sherry daily after dinner. There was little hope that he could get well, but the sherry was always occasion for a toast, and he would propose his nurse's health in such a speech as only an Irishman can make.

I never saw him, but the patient for whom I had the friendliest feeling was a German in the free surgical. Death for him was only a question of a few weeks. He had no relatives or friends, but a fellow-countryman had agreed to pay his funeral expenses. This was not only



a satisfaction to him—it was a source of the greatest pride. Whenever he had a bad turn he would always see to it that a letter was dispatched to prepare his benefactor for the worst. In the year and more of his sickness he had become an excellent judge of nursing, and his rebuke to the nurse who omitted the smallest item of his toilet was dignified but scathing.

Whatever had brought him to this pass (and he was silent on the subject), inefficiency certainly was not the cause. He selected the capable people on the hospital staff with an unfailing instinct, and their sympathy went out to him in return. Hopeless as his state was, he wasted not one moment in vain regrets, but, gathering his remaining strength, faced death with no smallest decency of life neglected. Absolutely clean and well-brushed he must be to the end, and then—a respectable burial.

I thought of him on my last night in the ward. Evidently my time to die had not come, as I was to be dismissed, cured, on the morrow; but when it did I should be glad to bear myself as well, should envy him his quiet and unfailing courage.

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## THE FEEDING OF INFANTS

By JOHN LOVETT MORSE, A.M., M.D.

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EVERYONE must admit that the natural food for a baby during the first year is human breast-milk, and that this should preferably be its own mother's milk. Unfortunately, however, the modern woman, probably as the result of civilization and unnatural surroundings, is often unable to nurse her offspring. In such cases, of course, some substitute must be provided. Every woman, however, who can, even if only partially, nurse her infant should do so, as there is no question that babies thrive better on breast-milk than on any substitute food. The mother who can but does not nurse her baby voluntarily handicaps it in its struggle for life.

### BREAST FEEDING.

It is not enough, however, merely to nurse a baby; it must be nursed in the proper way. The baby must be trained to nurse at regular intervals, and only at those intervals. The proper training of a baby, and especially the regulation of its hours of feeding, almost makes the difference between its being a blessing or a curse to the family. The



baby should be put to the breast within twelve hours after birth, as this stimulates the flow of milk and accustoms the baby to nursing. If the baby is not satisfied with the small amount which it obtains in the first twenty-four or forty-eight hours, it may be given a little milk-sugar, dissolved in warm, sterile water, at each feeding after it has been put to the breast.

The intervals of feeding should vary with the age of the child. The following table shows the proper intervals for the average infant. In this table "day" means from six in the morning to nine or ten at night.

HOURS FOR FEEDING.			
Age.	Intervals.	Number.	
Birth to six weeks....	2 hours.	10	One at night.
At six weeks.....	2½ hours.	8	One at night.
At two months.....	2½ hours.	7	Drop night feeding.
At four months.....	3 hours.	6	
At ten months.....	3 hours.	5	Drop 9 P.M. feeding.

If the intervals are regular, the strength of the milk remains fairly constant. Lengthening the interval weakens the milk by diminishing the total solids, and shortening the interval strengthens the milk by increasing them. It often happens that a baby that is not gaining and is crying constantly begins to gain and to be happy as soon as it is fed at regular intervals instead of every few minutes.

The baby should be fed from each breast alternately, and should nurse from fifteen to twenty minutes. If less than fifteen minutes is consumed, the baby often has colic and indigestion from taking the milk too fast. No more than twenty minutes will be consumed if the baby is kept awake and at work. The baby can take as much as he needs in twenty minutes. If it nurses steadily longer than this, there is not enough milk in the breast.

The average normal human breast-milk contains about four per cent. of fat, seven per cent. of sugar, one and a half per cent. of proteids (albuminoids), and a small amount of mineral matter. The rest is water. It is sterile, alkaline in reaction, and contains no starch.

	Fat.	Sugar.	Proteids.	Reaction.	Sterility.
Human milk.....	4.00	7.00	1.50	Alkaline.	Sterile.

The variations in human milk are very considerable, however, not only between different milks, but between the same milk on different days and hours. Variations within moderate limits do not, as a rule, disturb the infant's digestion. Milk may be bad, however, in quantity or in quality.



The quantity of milk may be increased by improving the mother's general condition and by giving liquids. Preparations of malt are especially useful in increasing the flow of milk. The quantity may be diminished by cutting down the amount of liquids taken and by opening the bowels.

While the quality of milk may differ from the normal in many ways, three main classes are usually recognized,—the over-rich, the poor, and the bad. In the over-rich all the solids are increased. An example of the over-rich is, fat, 5.25 per cent.; sugar, 7.50 per cent.; proteids, 3.50 per cent. This sort of milk is due to the combination of too much and too rich food and laziness. It is easily remedied by starvation and exercise. In the poor milk the fat and sugar are usually low and the proteids high. An example of this form of milk is, 1.25 per cent. fat, 4.00 per cent. sugar, and 2.50 per cent. proteids. This form is due to insufficient nourishment, usually in combination with overwork. As a rule, it can be remedied by feeding and rest. In the bad milk the fat and sugar are very low and the proteids very high. An example of this form is, 0.75 per cent. fat, 5.00 per cent. sugar, and 4.50 per cent. proteids. This form is almost always due to nervousness and can seldom be remedied.

While too much fat and sugar cause certain minor disturbances, the chief cause of trouble is found in increased proteids. In general, if breast-milk does not agree, the trouble is to be sought in the proteids.

Much can be done to modify the constituents of the milk. The amount of fat and proteids can be controlled to a certain extent. The amount of sugar, however, cannot be changed. The amount of fat depends on the amount of meat in the diet, varying directly with it. The amount of proteids varies with the amount of exercise, exercise diminishing them. Over-exertion, however, increases them.

If a mother cannot nurse her infant, some substitute must be provided. This may be a wet-nurse or some artificial food.

#### WET-NURSES.

There can be no question that the milk of another woman is the best substitute for the mother's milk. No other food can entirely fill the place of human milk. Wet-nurses, however, are not an unmixed blessing. One of the Harvard professors defines them as one part cow and nine parts devil. Nevertheless, a mother should be willing to submit to any amount of annoyance and inconvenience in order to save the life of her child. Fortunately, it is usually possible to dispense with a wet-nurse. In some cases, however, a wet-nurse is absolutely necessary, even the most careful artificial feeding proving unsatisfactory.



ARTIFICIAL FEEDING.

Certain rules must be observed in the artificial feeding of infants as well as in breast-feeding. The intervals should be the same in both cases.

In artificial feeding, moreover, it is necessary to suit the amount of each feeding to the size and age of the individual child. The supply of milk provided by nature corresponds to and varies with the needs of the child within fairly narrow limits. There is no constant relation, however, between the size of the nursing-bottle and that of the baby's stomach. A two-ounce stomach will not hold a pint of milk. The proper amounts for each feeding at various ages have been determined by weighing babies before and after breast-feedings and by measuring the capacity of stomachs after death. The amounts for each feeding at the various ages are in a general way as follows:

One week.....	1 ounce.
Four weeks .....	2½ ounces.
Three months.....	4 ounces.
Six months .....	6 ounces.
Nine months.....	8 ounces.

The composition and strength of the food must also vary with the age of the child. Breast-milk varies but little during the whole period of nursing. It has been found by experience, however, that a young baby cannot take as strong an artificial food as an older one. In a general way the strength of the food should increase with the age of the child. The following table shows the average strength suitable for various ages:

	Fat.	Sugar.	Proteids.
First days .....	2.00	5.00	0.50
Second week.....	3.00	6.00	0.75
One month .....	4.00	7.00	1.00
Two months.....	4.00	7.00	1.50
Four months .....	4.00	7.00	2.00
Six months.....	4.00	7.00	2.50
Eight months .....	4.00	7.00	2.75

All babies of the same age cannot take the same strength of food. Individual peculiarities play an important part, and the food must be varied to suit the special infant. The child, and not general rules, must be followed in preparing the food.

The following propositions regarding an artificial food are certainly justified: Any substitute for breast-milk must be like it. That substitute is best which is most like it. This substitute must be easy to obtain and easy to prepare. It must not contain substances not normally found in human breast-milk. It must be free from bacteria, be alkaline, and contain the normal constituents of breast-milk in their normal propor-



tions. It must be susceptible of modification to fit individual cases. No proprietary or patent food exactly fulfils the above conditions. The following table is evidence of the truth of the above statement.

Condensed milk,*	Fat.	Sugar.	Proteids.	Starch.	Reaction.
Eagle Brand, 1-12...	0.53	3.90 $\frac{4}{5}$ cane.	0.65	0.00	Acid.
Nestle's Food †.....	0.36	0.84 milk. 2.57 cane.	0.81	1.99	Alkaline.
Imperial Granum †....	1.54	2.71	2.15	1.22	Alkaline.
Malted milk †.....	0.68	1.18 milk. 3.28 maltose. 0.92 dextrin.	1.15	0.00	Alkaline.
Mellin's Food † .....	2.89	3.25 milk. 2.20 maltose. 0.53 dextrin.	2.62	0.00	Alkaline.

There is no absolute substitute for human milk. Cows' milk, however, can be modified to fulfil the conditions laid down above. Some modification of cows' milk, therefore, is the only proper and practicable substitute for human milk. The analysis of average cows' milk is as follows:

	Fat.	Sugar.	Proteids.
Cows' milk.....	4.00	4.50	3.85

A comparison with breast-milk shows certain differences.

	Fat.	Sugar.	Proteids.	Reaction.	Sterility.
Human milk..	4.00	7.00	1.50	Alkaline.	Sterile.
Cows' milk ...	4.00	4.50	3.85	Acid.	Not sterile (when obtained by child).

It is evident that while the fat is the same in both cases, the sugar is lower and the proteids higher in cows' milk than in human milk. Moreover, the proteids are somewhat different, those in cows' milk forming larger curds. Cows' milk is acid, where human milk is alkaline; it contains bacteria, while human milk is sterile. In order to resemble human milk, therefore, cows' milk must be made alkaline and sterile and the proportions of the solids changed.

The acidity is easily corrected by the addition of an alkali, preferably lime-water. The entrance of bacteria can to a large extent be prevented by care in obtaining the milk and their toxic action inhibited by Pasteurization. The deficiency in sugar is easily made up by the addition of a sufficient amount of milk-sugar. The difficulty comes in the fat and proteids, for, while the percentage of fat is the same in both cases, that of the proteids is much higher in cows' milk. Any dilution of the milk

\* Holt, "Infancy and Childhood," 1897, p. 149.

† Chittenden, *New York Medical Journal*, July 18, 1896. (Foods prepared according to directions for six months.)



to lower the percentage of proteids must, therefore, affect that of the fat also and render it too low. Proper modification by simple dilution is, therefore, impossible. In some way the percentage of proteids must be diminished, while that of the fat is retained unchanged. This is rendered possible by the fact that when milk is separated, either by gravity or by centrifugalization, the sugar and proteids remain nearly equally distributed throughout the mixture, while the fat is very unequally divided, being almost entirely contained in a certain small portion. It is upon this principle that the whole process of modification, both in the laboratory and at home, is based.

LABORATORY FEEDING.

There can be no question that modified milk can be prepared more accurately in the laboratories established for the purpose than it can be at home. Having their own farms, they are able to control their supply of milk and are sure to have it fresh and obtained under the best possible conditions. Moreover, by daily analyses of the milk and cream used in modifying they are able to furnish just the modifications desired. In ordering milk from the laboratories it is merely necessary to state in percentages just what modification is wanted. The laboratory does the rest. The following is the usual form of prescription:

	Per cent.	
R Fat .....		Number of feedings.....
Milk-sugar.....		
Proteids.....		Amount at each feeding.....
Mineral matter .....		
Total solids.....	—	Alkalinity .....per cent.
Water.....		Heat at .....°F.
	100.00	

It is thus evident that the laboratory does not provide any special form of food, but merely furnishes what is ordered by the physician. It corresponds exactly to the apothecary. Modified milk, therefore, is not an entity, a single food, always the same, but merely a convenient name for an almost infinite variety of foods, all, however, prepared from cows' milk.

Laboratories for the modification of milk have been or are being established in most of the large cities of this country. To those who live in these cities they offer the most convenient way of obtaining modified milk. They are of little value, however, to those who live in the country and at a long distance from them. Moreover, the cost of modified milk prepared at the laboratory is prohibitive to poor people, even in the city, the minimum cost being three dollars and a half a week.



When, because of distance, expense, or other reasons, feeding from a laboratory is impossible or inadvisable, modified milk can be very satisfactorily prepared at home.

HOME MODIFICATION OF MILK.

As already stated, the principle upon which the modification of milk depends is that when milk is separated, either by gravity or by centrifugalization, the sugar and proteids remain nearly equally distributed throughout the mixture, while the fat is very unequally divided, being almost entirely contained in a certain small portion. In this way only can the proper relations of fat and proteids be obtained. The amount of fat in the various portions of milk, separated by gravity, depends on the time it is allowed to set.

It has been found that when average cows' milk has been set for four hours the composition of the upper one-third is as follows: Fat, 8.00; sugar, 4.50; proteids, 3.85.

When it has been set for six hours the composition is as follows:

	Fat.	Sugar.	Proteids.
Upper one-fifth .....	12.00	4.40	3.75
Upper one-fourth .....	10.00	4.50	3.85
Lower three-fourths.....	2.00	4.50	3.85
Lower one-fourth .....	0.25	4.50	3.85

The cream of milk set for twelve hours or more has the following composition: Fat, 16.00; sugar, 4.20; proteids, 3.60.

It is evident, however, that these figures are not constant, but must vary with the composition of the specimen of milk set. No modification of milk based on them, therefore, can be absolutely accurate. As absolute accuracy is impossible, it is advisable, as a rule, in order to avoid small fractions of a per cent. and complicated calculations, to always call the percentage of sugar 4.50 and that of the proteids 4.00. The errors introduced in this way are comparatively unimportant. The percentages of sugar and proteids obtained are, of course, lower than calculated. Small variations in the amount of sugar never cause trouble, however, and when proteids make trouble it is always because they are too high. The corrected figures are, therefore, as follows:

	Fat.	Sugar.	Proteids.
Whole Milk .....	4.00	4.50	4.00
Set 4° —Upper one-third.....	8.00	4.50	4.00
Set 6° —Upper one-fifth .....	12.00	4.50	4.00
Upper one-fourth.....	10.00	4.50	4.00
Lower three-fourths .....	2.00	4.50	4.00
Lower one-fourth.....	0.25	4.50	4.00
Set 12°+—Cream layer.....	16.00	4.50	4.00



It is customary to speak of the portions of set milk containing more than four per cent. of fat as “creams,”—*e.g.*, eight per cent. cream, ten per cent. cream, and so on. The top cream as delivered in the jars averages about sixteen per cent. Creams higher than sixteen per cent. are usually obtained by centrifugalization.

The best way to obtain the various creams is by siphoning off the lower portions, leaving the cream in the jar. Approximately the same results are obtained, however, by pouring it off. The milk is best set in glass jars.

In order to obtain the formulæ necessary for the preparation of modified milk at home, it is necessary to think and calculate in percentages of fat, sugar, and proteids, and not in quantities of cream, milk, sugar, and water. The various quantities of the different ingredients of the mixture must not be regarded as the primary factors, but merely as the results of the problem. They represent, not the ultimate elements of the food, but only the means by which these elements are obtained. In this way only can even approximately accurate results be attained. In fact, the scientific feeding of infants in general is impossible except on the percentage basis of computation.

In calculating any formula for the home modification of milk it is first necessary to determine the percentages of fat, sugar, and proteids, the alkalinity, and the total amount for twenty-four hours desired.

Many methods have been devised for the calculation of the formulæ for the preparation of modified milk, most of which are fairly satisfactory. One of the simplest and easiest to follow is that devised by Baner, based on various strengths of cream and whole milk. (*New York Medical Journal*, March 12, 1898.)

Quantity desired for 24 hours (in ounces), Q.

Desired percentage of fat, F.

C, Cream.

Desired percentage of sugar, S.

M, Milk,

Desired percentage of proteids, P.

L W, Lime-water.

Desired percentage of alkalinity, A.

Cream.....  $\frac{Q}{\text{Percentage of fat in cream} - 4} \times (F - P)$ .

Milk.....  $\frac{Q \times P}{4} - C$ .

Lime-water.....  $\frac{A}{100} \times Q$ .

Water.....  $Q - (C + M + L W)$ .

Dry milk-sugar.....  $\frac{(S - P) \times Q}{100}$ .

For example, suppose a forty-eight-ounce mixture of the proportions of four per cent. fat, seven per cent. sugar, two per cent. proteids,



and of ten per cent. alkalinity is desired. Suppose sixteen per cent. cream is to be used in preparing the mixture:

Cream .....	$\frac{48}{12} \times (4 - 2) = 8$ ounces.
Milk.....	$\frac{48 \times 2}{4} - 8 = 16$ ounces.
Lime-water .....	$\frac{10}{100} \times 48 = 4.8$ ounces or 5 ounces.
Water .....	$48 - (8 + 16 + 5) = 19$ ounces.
Milk-sugar .....	$\frac{(7 - 2) \times 48}{100} = 2.4$ ounces or $2\frac{1}{2}$ ounces.

(A rounded tablespoon of milk-sugar is equal to about half an ounce.)

The usual percentage of lime-water for well babies is five. If the digestion is not quite right, ten or fifteen is better.

After the alkaline mixture of the desired proportions has been prepared, one more step is necessary in order to fulfil the conditions laid down for a substitute food: the bacteria must be destroyed. When the milk is very fresh, the weather cool, and the infant well, Pasteurizing the milk may be safely dispensed with. All cooking of milk is undoubtedly somewhat of a disadvantage, as certain changes are produced in the milk by heat which render it less easy of digestion. These changes are of little importance, however, in comparison with those which are produced by bacteria. When there is any doubt whatever about the freshness or cleanliness of the milk supply, in warm weather and when the baby is not well milk should always be Pasteurized to destroy the bacteria. A temperature of 155° F. for twenty minutes is sufficient, but one of 167° F. is safer if people are at all inclined to be careless.

The apparatus needed for the preparation of modified milk at home is as follows:

*Jars.*—One or two glass jars to set the milk in. The jars in which milk is usually delivered are the best. Mason's fruit-jars are perfectly satisfactory.

*Bottles (to hold the milk).*—Those made by Whitall & Tatum for the Arnold Sterilizer are the best available at a moderate price. They retail at five cents apiece, or forty cents a dozen for the large size and thirty-four cents a dozen for the small size. The Walker-Gordon Laboratory sells a somewhat better-shaped but more fragile bottle for ten cents apiece, or one dollar a dozen.

*Siphon.*—A piece of glass tube suitable for this purpose can be bought for eight cents and bent at home.

*Thermometer.*—A thoroughly reliable thermometer can be purchased at the laboratory or at drug-stores for fifty cents. Cheaper ones



can be obtained for twenty or twenty-five cents, but they are not always trustworthy.

*Graduate (measuring ounces).*—A satisfactory four-ounce graduate can be purchased of any of the wholesale druggists and at many of the department stores for nineteen cents.

*Cotton Stoppers.*—Ordinary cotton wadding, at thirteen cents a roll, is perfectly satisfactory for this purpose.

This is all the apparatus that is necessary and costs only a dollar and thirty cents.

A tin pail or dish does perfectly well for Pasteurization. If a special apparatus is desired, however, it can be obtained from the Walker-Gordon Laboratory for four dollars, or Freeman's Pasteurizer may be obtained of J. S. Dougherty, 411 West Fifty-ninth Street, New York, for three dollars and fifty cents.

The method of preparing the milk is as follows, the part to be siphoned off varying, of course, with the percentage cream to be used:

Wash thoroughly and scald the glass jars, bottles, graduate, and siphon every day before using. As soon as the milk comes put pints in the jars, cover, and set it in a cool place for        hours. At the end of this time siphon off the lower        of the milk into a clean dish. Start the siphon with water. Then mix in a clean dish in the following proportions:

Cream.....	.....
Milk .....	.....
Lime-water.....	.....
Boiled water (not boiling).....	.....
Sugar of milk.....	.....

Then put        ounces of this mixture in each of        bottles and stopper tightly with cotton. Place these bottles upright in a dish of cool water, the water in the dish being at the level of the milk in the bottles. Put the dish on the stove and heat until the thermometer in the water reaches 167° F. Then take it off the stove and cover with an old blanket or comforter. Leave this on for twenty minutes. Then take out the bottles, set them in a cool place, and keep them there.

This process may seem long and complicated, but in practice it is not. It usually takes from three-quarters of an hour to an hour to do the whole thing, including the Pasteurization. This is all the time, however, that is required for twenty-four hours. I have found it most satisfactory both in private and hospital practice.

The cost of home-modified milk varies, of course, with the age of the child and the consequent strength and amount of food used. It



varies from about fifty cents a week for a two-weeks-old baby to a dollar and seventy-five cents a week for an eight-months-old baby.

Certain precautions are necessary in the use of modified milk, whether prepared at the laboratory or at home. It should be kept on ice. It must be warmed in the bottle. It must never be poured out to be warmed. The bottle is to be placed upright, with the cotton still in it, in a dish of cool water, the water outside being level with the milk in the bottle, then heated until the thermometer in the milk reaches 100° F., the proper temperature for the baby's food. When the milk is warm the nipple is to be put directly on the bottle. A knitted cover helps to keep the milk warm while the baby nurses. If the baby does not take all the food at a feeding, the residue is to be thrown away and a fresh bottle used next time. The same bottle of milk must never be used twice. The nipples should be washed thoroughly after each feeding and kept in soda and water. It is advisable to boil them at least once a day. The infant should have nothing besides the modified milk, except water which has been boiled and cooled. It may have an unlimited amount of that.

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## THE DISCUSSION ON TUBERCULOSIS

BY RUTH BREWSTER SHERMAN

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THE interest which every nurse has felt in the September meeting of the Congress of Nurses should not in any degree draw her attention from an event which has recently startled the medical world.

The International Congress on Tuberculosis assembled in August in London, and before that profound body of distinguished men Dr. Koch, whose name is synonymous with the struggle against the most prevalent disease in the world, announced that his researches had led him to the conclusion that the tubercle bacillus of cattle is not identical with that of man, and that, consequently, the contracting of tuberculosis by the use of meat and milk from infected animals is not probable.

Lord Lister and the great body of American, English, and European scientists absolutely oppose this view, so contradictory to the practical experience and the best teaching for years past. The warning against tubercular meat and milk has been heard in every medical lecture and read in every medical book since Villemin's famous researches in 1865, and no other event has given such an impetus to opinion as Koch's own isolation of the tubercle bacillus in 1882. Urged by the physicians



and Boards of Health, nearly if not all civilized countries have instituted rigorous systems of cattle examination, complicated and expensive machinery for the inspection of meat and milk, and radical measures for the control and prevention of bovine tuberculosis. One has only to read the strict importation laws of the United States, and the careful cattle legislation of many of our individual States, to realize what earnest efforts have been made to protect human life from danger from this source. Individuals and organizations have lent their aid and hearty co-operation, even when the discovery of the tubercle in tested cattle involved much trouble and great money loss.

And now, with the work of control at this stage, the most eminent living bacteriologist declares himself convinced that for human welfare this is not necessary. His conclusion is founded on unsuccessful attempts to transfer the disease from men to animals by inoculation, the reverse operation being, of course, impossible. This conclusion is opposed by his brother-scientists, who are by no means ready to accept a reversal of the clinical experience and medical teachings of past years. So strong is this feeling, that the Congress passed a resolution urging the continuance of every effort against the sale or use of infected meat and milk, and recommending that the government institute a rigid inquiry into the identity of human and bovine tuberculosis. Accounts of the discussion were published in many papers, and comments on Dr. Koch were numerous, prominent among them being the reminder that tuberculin has proved to be of merely diagnostic, and not, as was at first hoped, of curative value. This is manifestly unfair, since he only acted as he was bound to do in making public a method which he believed to be beneficial to humanity, and never confidently asserted it to be a remedy.

The publicity and importance of these proceedings are a gratification to one considerable body of public men. Scientific cattle-breeders, importers of fine stock, and professional dairymen, while joining earnestly in the crusade against bovine tuberculosis, and admitting the *undesirability* of bacilli in animals or animal products, have not generally believed in any real danger to persons consuming them. Troublesome and expensive experiments in stabling, feeding, isolation, infection, and tuberculin injection have been carried on in several States to determine the extent and danger of contamination from cow to cow or herd to herd, but though guinea-pigs exposed to companionship with the cattle during experimentation have contracted the disease and died from it, it has not yet been proved that the persons concerned in their care have received injury, while another large part of their argument is based on the conditions existing in the Island of Jersey. This small, very popu-



lous island is largely filled with consumptive patients who live there for their health; it is also filled with herds of cattle which, during the period of one hundred and twenty-five years that importation of new stock has been forbidden by law, have been absolutely free from tuberculosis; yet which, when removed to other countries and exposed to contact with other cattle, prove more susceptible than any other breed to this particular scourge. Breeders claim the logical conclusion to be: that the cattle do not contract the disease from men, that the bacilli destroying the human lung do not attack and live in the bovine lung, and that, consequently, the one which does live in and destroy the bovine lung cannot reasonably be believed to be the one injuring the human lung. I can say from experience that a nurse whose life takes her among professional stock- and dairy-men will be called on to defend, often and strenuously, the teachings of her hospital concerning tubercular meat and milk, and that one so placed cannot do better than to get the free publications of the National and State Departments of Agriculture and study the question on its own ground. These views are held by many eminent veterinarians in America and also by Professor Bang, of Denmark, a veterinarian whose specialty is tuberculosis of cattle and whose international reputation in his own line is almost as great as Koch's.

From this discussion and its possible results two grave responsibilities arise to face a nurse. The first is, clearly and emphatically, our duty to continue every care and precaution which we have been taught until the new doctrine shall have been proved and approved by years of experience and experiment and the leading medical schools shall have altered their teachings. While tuberculosis kills more victims than any other disease and one-fourth the entire number, while sixty thousand persons die of it yearly in Great Britain and eight thousand yearly in New York City alone, while homes are broken up and human lives altered daily by this one dread enemy, no conscientious woman will consent to leave a *possibility* open for the spread of its infection, nor shall we have any right to do so until the hospitals which trained us have openly changed their policy.

The second is, in case this ever takes place, and even if it does not, the increase of every possible care of the personal hygiene of consumptive persons. This new view cannot remove an old danger to ease our work for us,—it can only show that this particular danger never existed; and if this is true, all the terrible spread and virulence of tuberculosis depends simply on communication from person to person. We will have fewer avenues of infection to watch, so will have to guard them far more closely; for if the chances are decreased by half, the responsibility is



more than doubled, since the closer we can lay our hands on the point of evil, the more blame to us if we fail to grasp it firmly. If this wide channel which has hitherto been supposed to be the means of infection of thousands of persons yearly is closed, the remaining modes of contagion will be those personal ones which are much more in the control of every intelligent person, and all the energy which has been turned in the direction of food, instead of falling into inactivity, must be added to that already given to personal hygiene if the final result is to be in proportion to our knowledge. It will argue greater laxity of hygienic living than we will wish to acknowledge if it can ever be proved that to this cause alone is due the tremendous prevalence of tuberculosis, which we have hitherto believed to be partly caused by a means so hard to control as the food-supply. Everyone interested in the strife will draw inspiration from Lord Lansdowne's words at the opening of the Congress, "The foe in this case is more dread than war, and the possible victory of science more glorious than any yet won on field of battle."

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## METHOD OF MASSAGE OF THE SCALP

BY KATE W. WILLIAMS

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WITHOUT undervaluing the benefit to be derived from an intelligent treatment of the head in cases of neurasthenia, massage of the scalp is considered most beneficial in the various neuralgias to which the head is subject. The scalp is not plentifully supplied with muscles, the occipito-frontalis and the temporal being the principal ones.

In the treatment of the scalp we usually consider the sterno-cleido-mastoid and the superior portion of the trapezius, and, in fact, the whole group of muscles attached to the base of the skull.

The arteries are the deep and superficial temporal and their pos-



terior branches; the occipitalis, major and minor, and the branches of the posterior auricular. These are all branches of the external carotid.

The venous supply is as follows:

The temporal, which communicates with all the principal veins of the cranium and finally unites with the internal maxillary to form the temporo-maxillary.

The occipital, which terminates in the internal jugular.

The posterior auricular, which unites with the temporo-maxillary to form the external jugular.

The nerves are the two branches of the supra-orbital, the cutaneous and the pericranial. The former, two in number, "supply the integument of the cranium as far back as the occiput." The latter supply the pericranium in the frontal and parietal regions.

The occipitalis minor, a branch of the cervical plexus, curves around the posterior border of the sterno-cleido-mastoid muscle and ascends to the back part of the side of the head.

The occipitalis major pierces the trapezius and supplies the scalp as far forward as the vertex.

Pétrissage, frictions, effleurage, and tapôtement are all employed in massage of the scalp.

Begin by using small circular frictions from before backward and continuing well down over the occiput, paying special attention to sensitive areas. Be careful to exert firm pressure and to make the "skin follow the excursions of the fingers." Considerable time should be devoted to this manipulation.

Standing in front of the patient, place a hand flatly on each side of the head, covering as much of the surface as possible. Make firm pressure, and with a rotary motion knead, lifting the scalp well from its points of attachment. Then with fingers slightly separated make effleurage or stroking movements from before backward.

With the fingers slightly curved and held loosely, perform hacking over the area covered by the temporal, the occipital, and the branches of the supra-orbital nerves.

Tapping may be substituted for the above. This is performed with the tips of the fingers slightly curved.

In some cases compression of the occipitalis major may be made at the occipital notch with the volar side of the thumb or finger, also compression of the supra-orbital nerve at the supra-orbital foramen. Compression in this manner will have a decided sedative effect on the entire course of the nerve.

Neuralgia is frequently accompanied by rheumatism, and the rheumatic infiltrations may be plainly felt beneath the surface. These should



be removed by circular frictions. Rheumatism of the occipital and auriculo-temporal regions is not infrequently responsible for supra-orbital neuralgia.

Neuralgia in the back part of the head is very often caused by infiltrations in the trapezius and sterno-cleido-mastoid muscles because of the pressure exerted by these infiltrations upon the nerves enervating the back part of the scalp. These infiltrations removed by kneading and frictions, the pain very often decreases. It is interesting to see how patients are frequently relieved during treatment.

This treatment is always indicated because it gives, on an average, better results than any other. Owing, however, to our lack of knowledge as to the cause, we can never promise a positive result.

All cases of cranial neuralgia do not respond to massage, but many make partial or entire recoveries. Some show marked improvement in five or six treatments, while others require months.

Relapses sometimes occur after apparent recovery, and treatments should then be resumed.

A lubricant is unnecessary.

Treatments should be given every day and continued for from five to fifteen minutes at a sitting; later two or three times a week till recovery is assured.

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## DRUGS: THEIR USE AND ABUSE

BY WILLIAM SCHLEIF, M.D.

(Continued)

AN *extract* is a *solid* (or *semi-solid*) preparation made by evaporating an infusion, decoction, or tincture to dryness. Extracts have the advantage of presenting the active, soluble constituents of a drug in a concentrated form not liable to change; they are typically adapted for administration in the shape of pills.

*Spirits* contain a volatile substance dissolved in *alcohol*, while *waters* are solutions of volatile substances in water. The latter are used mainly as vehicles for the administration of more powerful substances.

*Emulsions* contain oil in suspension in water, usually made possible by the aid of gum arabic. They are very prone to spoil and should be kept in well-filled bottles, securely corked, in a cool place, away from the light. If these precautions are observed carefully, cod-liver oil



emulsions may be kept for some time and deprived of some of the nauseating and disgusting effects of the oil.

*Mixtures* are aqueous preparations containing some solid matter in suspension. *Solutions* contain a non-volatile substance dissolved in water.

*Syrups* are solutions of medicinal principles in water containing sugar. The unpleasant taste of some drugs may be disguised in this manner, which renders syrups particularly effective in administering medicines to children. In the case of adults the sweet taste often becomes nauseating, and in some instances serious digestive disturbances result if the use of syrups is too long continued.

*Liniments, cerates, ointments, and plasters* are intended for external use. Liniments have an oily or alcoholic basis; they are applied to the skin for their counter-irritant effect. Ointments contain a fatty basis, melt at the temperature of the body, and are used to medicate locally, to produce the effect of a drug on the entire system, or to act as mere protective dressings. They should be free from any taint of rancidity and contain no irritating particles of drug. Cerates are made somewhat firmer by the addition of wax. Plasters merely soften at the temperature of the body, but do not melt; they are usually applied for a local effect, though absorption of certain drugs sometimes takes place (for instance, belladonna).

*Suppositories* contain as a basis cacao-butter, and are intended for administration per rectum; occasionally they are employed to medicate the urethra and vagina. The rectal suppository is cone-shaped and weighs about one gramme. Cacao-butter melts at the temperature of the body, while it is perfectly solid a few degrees below this point; therefore suppositories should be kept on the ice, and it is well to chill the fingers by dipping them in ice-water before a suppository is administered.

The following official classes of preparations are of less importance, the bases appearing in parentheses:

*Honeys* (honey) are similar in action and composition to syrups. *Mucilages* (mucilage). *Glycerites* contain glycerin and share the hygroscopic properties of this liquid; they mix readily with water and alcohol. *Elixirs* are aromatic sweetened vehicles containing alcohol, syrup, and water. *Wines* (white wine) offer no special advantages over tinctures; like the latter, they contain alcohol. *Collodions* are solutions of gun-cotton in a mixture of ether and alcohol; if applied to the skin, they leave a thin, contracting film which adheres tightly to a dry surface and are therefore suitable for dressing small wounds. *Oleates* contain medicinal substances in solution in oleic acid. *Oleo-resins* are



mixtures of oil and resin and are usually very active substances medicinally. *Vinegars* are made with a menstruum of vinegar. A *trituration* is a powder representing ten per cent. of a drug mixed with powdered sugar of milk. A *troche* is a medicated lozenge, a *paper* a medicated paper.

Nearly four hundred and fifty preparations are official in the pharmacopœia. Obviously, while it is necessary for the physician to know accurately the dose of each preparation, it is of great assistance to the nurse to know approximately the average dose of each class. By memorizing the dose of each poisonous preparation and noting a few exceptions, the following figures will be found most useful (applying to *official* preparations):

Fluid extracts may be given in doses of ten to twenty minims, with the exceptions of the poisons, the dose of which is one minim. In all cases the dose of the fluid extract in minims should be the same as that of the drug in grains, because fluid extracts are one hundred per cent. preparations.

Tinctures can be administered in doses of one fluidrachm (a teaspoonful). This applies to the non-poisonous tinctures. Those which are poisonous may be given in doses of ten minims, with the exception of the tincture of aconite and the tincture of veratrum viride, the dose of which is from one to three minims.

Spirits may be administered in doses of one-half a fluidrachm (one-half teaspoonful). The exceptions are spirits of nitroglycerin (glonoin), the dose of which is from one to three minims, and the spirit of phosphorus (rarely used), about ten minims.

*Infusions* and *decoctions* range in dose from one to two tablespoonfuls. The infusion of digitalis is an exception, as it is given in doses of from one to four fluidrachms (one to four teaspoonfuls).

*Syrups* are given in doses of one fluidrachm (one teaspoonful); the syrup of iodide of iron in doses ranging from ten minims to half a fluidrachm.

*Extracts* (solid) are concentrated preparations; their dose is about one grain, that of the poisonous extracts about one-quarter of a grain.

*Diluted acids* may be given in doses ranging from ten to thirty minims (well diluted with water and to be taken through a glass tube). Diluted hydrocyanic (prussic) acid is an exception, as its dose is from one to three minims.





## THE APPLICATION OF SPLINTS TO GROWING CHILDREN

By ERNEST C. ASHTON, M.D., C.M.

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THIS short article on the care of growing children wearing mechanical means of support or fixation is not intended to deal with those aspects of the case which will be supervised by the surgeon in charge, but rather to direct attention to those points which immediately concern the nurse or mother.

The form of the apparatus required and the character of the material employed will, of course, be decided by the doctor, but the care of the patient and of the splint, whether of wood, steel, leather, hardened rubber, poroplastic, or plaster-of-Paris, will fall upon the nurse.

It will be her duty to maintain a careful watch, to determine that the device is effective, gives little or no inconvenience, does not unnecessarily interfere with any function of the body, that excoriations do not result, and where difficulties arise to meet and remove them, or, if beyond her power, to report to the surgeon without delay.

It will at once appear that in order for any appliance to perform its duty in an efficient manner it must fit the patient perfectly. From this stand-point I must discourage the use of ready-made instruments, and strongly advise that every splint be made to order from outlines and measurements taken from the body of the patient. Deviations from the natural outline cannot be satisfactorily overcome by paddings or dressings, which are almost certain to shift, or by a difference of resistance fail to give proper support.

The continued use of any appliance is naturally very trying to the patient, and great care must be exercised to prevent abrasions of the skin. Especially is this the case when pressure is required or when an impervious material is employed.

In the first class of cases the skin covering bony prominences must be carefully tended, and any indication of failure of nutrition or circulation reported, that the points of resistance may be shifted.

In the second case, the natural excretions, if allowed to remain in contact, act as irritants and soften or inflame the skin, often giving rise to troublesome dermatitis.

A few general directions may be noted as applying in the majority of cases.



THE PREPARATION OF THE PART TO BE ENCLOSED.

When possible, the skin should be carefully washed with warm water and some non-irritant soap, rinsed with cool water, and dried thoroughly. In order to harden the surface it should then be gently rubbed with alcohol, care being taken not to roughen the skin. It is well to apply some drying-powder, as oxide of zinc or powdered talcum, containing a small proportion of boracic acid.

THE APPLICATION OF THE SPLINT.

In most cases a bandage is first applied to the part for protection. The material used should be soft, elastic, and a good absorbent, so that the perspiration will pass into and through it as rapidly as possible. Thin flannel cut on the bias or stockinette bandages are most satisfactory. Few folds or reverses should be employed, as they indent the skin, cause discomfort, and tend to give rise to abrasions. Bony prominences or points of pressure must be protected by including small pads of cotton-wool or folded gauze. In no case should this bandage or the pads be made thicker than absolutely necessary, as such procedure interferes with the close application of the splint to every part of the surface. When applied to a limb, the bandage must begin by enclosing the extremity, whether included on the splint or not, so that support may be given and interference with the circulation avoided.

The splint is then applied, and care is taken to see that it is in apposition to every part. Fixation follows by means of straps and buckles, laces, adhesive-plaster, or bandage, only such pressure being exerted as is necessary to prevent motion. Ascertain that the circulation is not impeded by noting that the color of the skin remains natural in the distal portions. In the case of a limb the nails are a splendid guide.

Pressure applied by the point of a finger should be rapidly followed by a restoration of the normal color. If the part becomes dark and bluish, the venous circulation is interfered with and swelling will result; if white and cold, the arterial supply is cut off, indicating deep and dangerous pressure. Numbness is the sign of pressure on a nerve, and if continued may result in permanent injury to the nerve. In every case the tension must be relieved. In the case of plaster splints, they must be cut through and opened sufficiently to remove the symptoms, and then fixed by a bandage.

We may now classify splints under two heads: (1) immovable splints, which are left in position for some time, as fracture splints or plaster casts for the immobilization of joints or the correction of



deformities, and (2) removable splints, which are to be worn for long periods, but may be taken off without injury, such as the irons for club-feet, Thomas's hip- or knee-splints, or spinal supports.

Immovable splints must be inspected daily, the edges trimmed and protected, and the correct position of the part ascertained. Atrophy of the muscles from disuse soon supervenes and the splint ceases to be effective; it will then be re-applied by the doctor.

If pressure sores have developed, they should be cleaned and dressed with some mild antiseptic ointment or powder, or, if mere abrasions, coated with some protective, as collodion. If a sore is enclosed in a permanent splint and requires constant attention, a window must be cut, the edges protected by oiled silk, and the dressing attended to daily.

In growing children plaster splints should be renewed every month or six weeks and the skin attended to. In these cases the greatest care must be exercised in removing the dead skin, or the surface will be left raw and irritable.

Removable splints should also be attended to daily. The fastenings being loosened, the part should be carefully lifted from the splint without disturbing the seat of injury and placed upon some suitable support, as a pillow or folded blanket, the patient not being permitted to use any muscular force. The part is then washed and prepared as before and the splint re-applied.

To keep pace with the growth of the child, these appliances should be made with extension arrangements allowing enlargement to be made from time to time, or faulty positions will be assumed and permanent injury result. In those cases where hip- or knee-splints are worn for long periods, and especially where extension splints are required and a patten or raised sole is worn on the opposite foot, the greatest care must be taken to see that the pelvis is not tilted, or spinal curvature will follow.

In connection with this question of splints I must touch briefly upon the application of methods of extension, which may be secured by weight and pulley, or by elastic traction attached to the splint.

By far the most common method of securing the necessary grip of the limb is by means of strips of adhesive-plaster applied longitudinally on either side, and in the case of hip disease reaching well above the knee, to avoid straining the ligaments of this joint. These strips extend for some distance beyond the foot and are attached to a block from which extension is made. The whole limb is then lightly bandaged—a heavy covering tends to increase irritation.

In many cases this method is satisfactory, but a large number of children have skins so sensitive that an eczematous condition is induced,



which may, if neglected, go on to ulceration, and, as I have frequently seen, permanent cicatrices remain.

Where extension is to be used for a long time, as in *morbus coxæ*, etc., some other method must be employed. Adhesive-plaster may still be used if not particularly irritating. A two-inch strip reaching from well above the knee to a foot or more beyond the limb is cut from above in three tails as far as the ankle. The centre strip is run along the side of the limb longitudinally; the lateral strips are carried spirally up the limb, the anterior one commencing in front and the posterior one behind, those from the opposite side crossing in the median line in front and behind.

This method gives a good grip of the limb, and allows us to remove the plaster at intervals with alcohol or benzine and apply again, the strips running on areas previously uncovered.

There is even a better method, which has for years given the greatest satisfaction in the Hospital for Sick Children, Toronto, Ont. It is a modification of the stocking-extension and is applied as follows:

A strong cotton stocking is taken and cut off about two inches above the ankle; a piece of tape is sewn to this on either side, forming a loop reaching a foot or more beyond the limb. After preparing the leg as before described, the stocking is slipped on, reaching well above the knee.

A bandage is then applied to the foot and carried up the leg to the stocking. The tape-loop is excluded and the bandage continued over the stocking to just below the knee, where a special circular turn is made, figure-of-eight over the knee, and a couple of circular turns above the condyles of the femur, from which points alone traction is made. The top of the stocking is reflected downward and secured by two or three circular turns. This must be readjusted daily, and if properly applied does not slip, is exceedingly comfortable, and can be used for months without producing the slightest lesion.

Straps applied above the knee and gaiters to the ankle, made of leather or cloth fastened by laces or buckles and used for purposes of extension, are usually satisfactory.

When the weight and pulley is used the patient is generally in bed, and counter-extension is secured by utilizing the weight of the body. In order to prevent the patient from being drawn down to the foot of the bed, the bottom legs are placed upon blocks from four to six inches high.

If the patient refuses to lie quietly or is very restless, it may be necessary, in order to secure extension in the proper direction, to confine him with shoulder-straps fastened to the bed, or in the case of small



children a towel folded and laid across the chest, pinned on either side to the mattress, will answer every purpose.

When used in connection with splints counter-extension is usually secured by means of a perineal band which should be well but not heavily padded. In these cases the perineum must receive particular attention and be kept perfectly dry, being bathed in alcohol and powdered daily at least. If it becomes chafed, the strap should be lightly bandaged and well smeared with borated vaseline or zinc ointment. If, however, with every care ulceration threaten, the perineal band must be applied to the opposite side until the part is healed.

Let your precautions be commenced early. Persist in your treatment of cleanliness and care, and if further difficulties arise or do not yield to these simple measures, I must leave your surgeon to supply what I have omitted.

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## THE PROBLEM OF THE SUPERINTENDENT

By ELIZABETH ROBINSON SCOVIL

Late Superintendent Newport Hospital, Newport, R. I.

THE position of superintendent of a hospital is perhaps the most difficult to fill of any of those that are open to the trained nurse.

In no other branch of the service do the cares and labors and responsibilities of her calling seem to weigh so heavily upon a woman as in this, which should be the flower of them all.

Nerves and health suffer from the perpetual strain, and if it is too long continued nervous exhaustion is apt to be the result, and a change of occupation or a long rest becomes imperative.

Medical men frequently fill these positions for years without apparently being in any way the worse for the arduous work involved. Why should women, who are in some ways better fitted for the task, so often break down under it?

Hospital-keeping is house-keeping on a large scale, the care of a family of which many of the members are unable to care for themselves. It would seem as though women were especially well fitted for this charge, as house-keeping and home-making are their natural avocations. Why, then, do they find the burden too heavy to be borne with ease?

### THE SUPERINTENDENT'S DUTIES.

The care of a hospital involves many complex problems. To begin with, there are not one, but four or five different families to be provided for, their claims adjusted, and their wants satisfied,—the patients,



usually divided into two classes, those in the wards and those in the private rooms, the nurses, the servants, and sometimes internes, or house officers.

The purchasing for a large establishment, not only of ordinary supplies, but of all medical stores, falls upon her. She must arrange the diet-list, if she does not actually order each meal. She must buy the house linen and necessary clothing, see that it is properly made and mended when necessary, and supervise the laundry, the most difficult department in a hospital to regulate properly.

Besides these cases she has the oversight of the training of the nurses. She must know not only that their work is properly done, but that they are doing it in such a way as to insure to them the training in correct methods for which they have entered the training-school. She must arrange for their theoretical instruction by means of classes and lectures, and often give a large part of it herself.

Added to all this are her duties to those outside the hospital. The staff and the physicians in daily attendance require a certain amount of her time. She must be ready to consult with them upon any question that arises as to the admission, care, or dismissal of their patients.

The Board of Managers of the hospital has a claim upon her. The members usually regulate the expenditures to a certain extent, and to them must be referred many problems that constantly present themselves in the management.

The superintendent must be ready at any time to receive visitors. Those who are, have been, or wish to be benefactors to the institution, or who come simply from curiosity or with the desire to see how a hospital is conducted and want to be shown over it. The friends of the patients swell the list of visitors, and much time is often consumed before their minds can be set at rest or their anxieties alleviated.

It is small wonder that in the midst of these multifarious duties the superintendent sometimes finds it difficult to preserve her mental serenity unbroken, and that from sheer physical inability to compass so much she fails to give to each the attention it demands.

#### WANT OF TRAINING.

The initial difficulty is that superintendents receive no special training for their work. Each woman who undertakes it has to evolve her own methods, slowly and painfully, as she learns by experience.

She has learned to give to the sick the best possible personal care. If she has been an assistant superintendent in the training-school of a large hospital, she has learned something of the management of others and how to guide and instruct her nurses, but here her preparation ends.



She knows nothing of hospital economics, of the amount it should cost to provide for each patient per day, of the proper ratio between the number of inmates and the daily expenses of the hospital. She has not been taught how to purchase wisely at wholesale rates the supplies that it is proper to buy in this manner, or when a seeming extravagance is in reality a wise frugality.

Her education has not included the keeping of hospital accounts; the proper manner of making and keeping an inventory of hospital property and the various statistics that are necessary to ascertain accurately the amount of work that is being done in the institution and its results. This lack of business training is not only a detriment to her usefulness, but it makes the work doubly hard for herself.

The course in hospital economics at the Teachers' College, Columbia University, is designed to remedy this defect. As time goes on and experience shows more fully what is needed, this course is certain to be of great value to those who intend to enter upon this branch of hospital work.

#### THE LACK OF ADEQUATE ASSISTANCE.

When a woman undertakes the charge of a hospital, particularly if it is a small one, she is prepared to unite in her own person the offices of superintendent, housekeeper, and directress of nurses. This work has been done by one person previously, and she argues that what man has done man can do, and if man, much more woman. It is here that the first mistake occurs. No man would dream of combining these offices. He would consider a housekeeper and a directress of nurses indispensable, reserving to himself the management of the hospital and the administration of its resources.

No work can yield the best results that is not planned and controlled by a master mind. The means to the end must be carefully thought out, and this cannot be done by one who is so fully occupied with the daily wear and tear of actual service that she has neither time nor strength for the strenuous oversight that is indispensable to success.

Hospital Boards of Managers are not always alive to this aspect of the case. It should be laid before them by the superintendent and its importance emphasized. If she cannot secure adequate assistance, she had better refrain from accepting a position which cannot but greatly impair her future usefulness.

#### DIFFICULTY IN DELEGATING AUTHORITY.

When efficient assistants have been secured the superintendent must remember that it is wise to delegate her authority absolutely to her



heads of departments and hold them strictly responsible for results, each in her own province.

She should always be ready to advise if it is desired, but she has now nothing to do with details. She desires certain results in the care of the patients, in the conduct of the household, in the training of the nurses, and she should have a clear idea of what these are, but she need not concern herself as to how they are to be brought about.

Every department of the hospital should feel the personality of the superintendent. She should have leisure to study the needs of each one and be able to put before her subordinates her ideal of what it should be. She cannot do this unless she is prepared to make each supreme in her own sphere, and not to interfere without due cause.

#### WANT OF PROPER RECREATION.

When the recreations of a hospital superintendent are mentioned those who fill that position are apt to smile. One short month in the year is usually all the holiday that falls to her lot, and she seldom takes a day off during the remaining eleven. She has an uneasy feeling that if she is absent from her post the sky will fall, or that something will go irremediably wrong in her little world.

Adequate assistance and the proper delegation of authority would make change and rest—which are literally a recreation—possible. Machines cannot be left to themselves, but responsible human beings, who have been trained to exercise their own judgment, are none the worse for being given the opportunity to do so. If they fail, it is just as well to have found out where the weak point is.

A superintendent should learn to know the wants of the community in which she lives and from which most of her patients are drawn. She cannot do this unless she mixes with its people and makes their interests in a measure her own. A popular superintendent, beloved and respected, is a tower of strength to any hospital. The time she spends away from the hospital may as truly conduce to its interests as the time she spends within it. She comes back refreshed, and can look at her work in a manner from an outside stand-point. She has a keener sense of its needs, and is able with the fresh stimulus of her outside experience to see how best they can be met.

No superintendent is doing her full duty who lets bodily fatigue dull her faculties. Her name signifies that she is to superintend, and for this she must keep herself at her highest point of mental activity. She is to lead, therefore she must be the brightest, freshest, and strongest of those about her, or she cannot be the inspiring influence that her position demands she should be.



## PROPHYLAXIS OF POVERTY

By DELIA KNIGHT

Boston City Hospital Training-School

POVERTY is a very trying affliction. The prophylaxis makes very simple reading, but it often requires great will power and personal denial to abide by it to the finish.

If a nurse fails to make use of the preventives of this affliction before her mental and physical powers begin to wane, the consequences are most serious. Prophylaxis at the eleventh hour will prove unavailing.

A letter in the "Editor's Miscellany" in the October number of this magazine describes a case where a nurse in private practice for twenty years had laid aside only two hundred dollars. The writer speaks of her "appalling condition," the "terrible anxiety wearing upon her in consequence." Depression and lack of mental equilibrium are often sequels of this chronic condition. In my researches into the archives of the past I do not find just the helpful classification I expected, therefore must ask patient attention while I explain my general impressions of how the chronic stage of this affliction might be avoided.

Enough has been said in the case cited above of the suffering of the individual who neglects the prophylaxis of poverty.

But no man liveth to himself, and, curiously enough, the waves of poverty roll from the individuals afflicted and retard the upward and onward movement of nursing as a whole.

There are many noble and helpful things that nurses collectively might accomplish for humanity. If every nurse were thrifty, frugal, and had a surplus; if every nurse were public-spirited enough to give from that surplus to help the cause, progress would be more rapid.

A well-invested surplus exterminates poverty and tends to create public spirit and interest in the advancement of nursing in its most helpful application to the needs of humanity.

Suppose a nurse deposited one hundred and twenty dollars every year in a savings-bank and allowed it to accumulate at four per cent. compound interest for twenty years? At the end of that time her principal and interest would sum up to about thirty-seven hundred dollars. Or if it were three hundred dollars each year for twenty years, the sum would be about ninety-three hundred dollars.

As savings-banks never accept over one thousand dollars from any one depositor, and do not allow any one depositor's amount to exceed sixteen hundred dollars, it would be necessary to make use of several savings-banks before the twenty-year term expired.



Miss X, a private-duty nurse, mentioned to me that she had taken out a twenty-year-term policy. She pays fifty dollars each year and receives at the end one thousand dollars. That is, she pays in  $20 \times 50 = 1000$ , and receives one thousand dollars at end. If she deposited fifty dollars in a savings-bank each year, at the end of twenty years, compounded at four per cent., she would have about fifteen hundred and fifty dollars.

Miss Y holds a fifteen-year-term policy. She pays two hundred and ten dollars each year and receives three thousand dollars. That is, she pays  $15 \times \$210 = 3150$ , or one hundred and fifty dollars more than she receives. If she put two hundred and ten dollars in a savings-bank every year for fifteen years, at four per cent. compound interest the sum would amount to a little less than forty-four hundred dollars. Why should Miss Y present over thirteen hundred dollars to the insurance company? If she were looking out solely for her own interests she ought not to do so. But if her greater interests are for her father, mother, or other relative she would be justified, as in case of her death before the term limit this favored one draws the whole three thousand dollars.

Of course, should you say to the glib insurance agent, "I'll have nearly one-half more money if I deposit in a savings-bank," his response would probably be, "But you won't deposit, you'll spend," or he'll say, "It's so easy to draw out again from the bank."

If a nurse finds herself too weak to resist the temptation of withdrawing her money from the savings-bank, there stands the coöperative bank with open doors.

The avowed object of the coöperative is to help workingmen to save money enough to own their own homes. But everyone is welcome. Although if the money is not accumulating for real estate, the directors reserve the right to retire such shares if they choose at end of four years by paying principal and interest in full. In the coöperative bank the depositor purchases shares at one dollar each. He is allowed to buy from one to twenty-five.

Suppose a nurse bought seven shares? She contracts to pay seven dollars each month until each share matures or is retired by the directors. A share matures when principal and interest amount to two hundred dollars. She is fined if she fails to pay her seven dollars per month by a given date. If she withdraws either part or all of her shares, she loses one-fourth of the profits credited to her account. The coöperative banks in this vicinity pay five per cent. compounded every three months.

How can the savings-bank afford to return you not only principal,



but interest, while the insurance company gives you back what you pay in and keeps all interests thereon? The reason is simple. The insurance company maintains expensive office buildings in many large cities, pays general agents and travelling agents large salaries. In fact, one-fourth, or twenty-five per cent., of all moneys received from the insured are put out again in rents, salaries, etc., while the savings-bank pays all its expenses with one-half of one per cent., or one-two hundredth part of money paid in.

Would it not be well for nurses' clubs to appoint a financial committee? The duty of such committee would be to study into the absolutely safe investments in that particular locality and furnish information and suggestions to the members. Miss Z said to me that she never counted interest, all she ever thought of was how many dollars she had put into the bank. The interest is quite an item in the financial world. A few words from the Committee on Finance might prove very helpful to all the Misses Z.

A mere trifle often sets one to thinking, and thoughts are the seed of action. Some years ago a woman died who had earned her living by mopping floors in the business section of a large city. She left books proving her to be a depositor in twenty different savings-banks. What was the probable impetus to such numerous savings? Just propinquity! She had devoted the greater part of her mopping days to the floors of a savings-bank.

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## A WORD TO THE GRADUATES \*

By ANNA A. DAVIDSON

Graduate of the Presbyterian Hospital Training-School, New York City

HAS the graduate nurse any debt to pay? Stop and think what you were when you began, and compare it with what you were at the close of your training. Aside from the vast amount of knowledge that has enabled you to take your place before the world in the noblest of woman's professions, are you not a better, nobler woman for having taken the training? Can you say you went through it without having a broader view of life, a deeper sympathy for your fellow-beings, and a better understanding of human nature? This is what the profession has done for you.

What do we owe those who have spent their time and strength training us? Surely we received more than we ever gave. Can we call our work (work which was done in order that we might learn) a fair

\* Read before the Alumnae Association.



equivalent for the teaching in ward and class, the expense to the hospital, the time and care of our superintendents and managers? We little thought of these things when in training; it is only now, when we learn of the work and cost, that we realize our great indebtedness.

Only a few years ago in many places the nurse had to *pay* for her training; now we receive it gratis, and often forget the loyalty we owe our Alma Mater.

We, as graduates, belong to a family united by ties of highest sentiment; let us not lose interest, either in one another or in those who year by year join their forces to ours.

Nurses are inclined to live only for themselves, each one to form a unit around which she expects the world to revolve for her own benefit, instead of using her knowledge and force for the elevation of others and the advancement of the nursing profession.

If we could stamp out the egotism that pervades our profession, and bring forth our deepest, noblest impulses, we would, with our vast numbers, have an influence that would extend throughout the length and breadth of the land. Above all, let us not lose our enthusiasm for our profession or our loyalty to our training-school and to one another.

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#### POST-DIPHTHERITIC PARALYSIS AND ANTITOXIN

It is said that cases of post-diphtheritic paralysis are more common now than in the days before antitoxin. It is generally held that the severer forms of diphtheria are most likely to be followed by paralysis, and Professor Ransom, who has conducted a series of experiments on this point in Behring's laboratory at Marburg, states that post-diphtheritic paralyzes may be really more common now, owing to the fact that more serious cases of diphtheria now recover as a result of the general adoption of antitoxin treatment. Professor Ransom's experiments showed that the paralysis followed in a definite proportion of cases according to the severity of the diphtheria poison, and was more pronounced in severe cases which lived long enough to show the results. Antitoxin given from fifteen to twenty hours after the development of the disease in large doses exercises a subduing effect on the following paralysis. Small doses have no evident effect in diminishing the paralysis. Considering these results in relation to human beings, it is supposed that liberal doses of antitoxin given early in the illness will greatly diminish the paralysis, not only as regards the soft palate, but as regards the heart-failure also. Severe cases, however, are likely to be followed by paralysis in spite of even large doses of antitoxin.—*New York Medical Record.*



# HOSPITAL AND TRAINING-SCHOOL ITEMS

IN CHARGE OF  
LINDA RICHARDS



## HOSPITALS

THE interest and pleasure which is felt in the inauguration of the erection of the magnificent new hospital which is to adorn one of the most commanding and beautiful sites in the city of Richmond, Va.,—the crest of the hill at Twelfth and Broad Streets,—and which is to be not only an ornament, but as well a noble expression of philanthropy and Christian charity, is not confined to the medical profession or to Richmond. From every quarter there come words of congratulation that Richmond is so soon to have in this up-to-date and fully appointed institution the most noble and complete home of healing to be found in the South. Ground has already been broken, and the work is rapidly progressing.

With the lot the buildings and their appointments will cost one hundred and fifty thousand dollars, and the hospital will be opened to patients without a dollar of indebtedness. The building will be a massive and architecturally notable three-story-and-basement structure, consisting of two large rectangular wings and a central connecting portion. It will front on Broad Street, one side being on Twelfth Street. In the matter of all modern conveniences and appointments the building will be equipped fully and completely. Electric elevators for the removal of patients and an X-ray room with the most expensive apparatus will be installed.

The hospital will have provision for one hundred and forty beds,—about double the capacity of the Old Dominion Hospital. There will be a number of fine rooms for pay patients, but it will be entirely and altogether a charitable institution, as every dollar of receipts from pay patients will simply pass into the treasury to swell the fund which will go to increasing and enlarging the institution's charity work among those unable to pay. It will be in no sense a money-making institution, and its success in drawing the patronage of the more well-to-do will simply increase the measure of its usefulness among those not so fortunately provided with this world's goods.

The hospital will be owned and operated by a separate Board of Trustees. While its medical and surgical care has been entrusted to the faculty of the Medical College of Virginia, and it will always remain in close touch with that institution, it will preserve its own separate identity as a property apart and under the control of trustees other than those of the college. Its location is peculiarly convenient, as it is within a block of the college and its associated Old Dominion Hospital, Maternity Hospital, and Nurses' Home.

THE plans for the new hospital buildings at Blockley, Philadelphia, Pa., which have been in course of preparation for some time, have at last been completed, and the work of construction will be begun as soon as possible.

Three new hospitals will be erected on the Blockley grounds,—the Children's



Hospital, the Hospital for Contagious Skin Diseases, and the Maternity Hospital. The Children's Hospital will be built of brick, with a slate roof, will be thirty-two by twenty-eight feet, and will consist of a basement and two stories. The first floor will contain large sun-parlors with large play-rooms for the children. Wards at each end, linen-rooms, lavatories, and nurses' and reception-rooms occupy the rest of the floor. The second floor will have wards, and will also have a sun-parlor at each end, operating-rooms, and lavatories.

The Hospital for Contagious Diseases will also be of brick and consist of a basement and two stories. The basement will contain disinfecting- and linen-rooms. On the first floor will be doctors' offices, nurses' rooms, dining-rooms, and operating-rooms. A large ward will occupy each wing of this floor. The second floor will also contain private wards and linen-, nurses', and dining-rooms, with lavatories and toilet-rooms.

The Maternity Hospital will be a one-story building of brick, eighty by thirty-three feet, with a wide corridor down the middle, the office being at the right of the entrance and the nurses' room at the left. Seven wards and a sun-parlor at the back will occupy the rest of the building.

As outlined in the plans, the Frick Hospital for Children, which is to be built at Pittsburg, Pa., will be second to none in the country. It is modelled after the famous New York Children's Hospital, with each ward separated from the one adjoining by a twenty-foot area-way. There will be nine wards, with fifty beds to a ward, so that the hospital in all will contain some four hundred and fifty beds. The wards are to be practically separate buildings and will be built on three sides of a square, the main entrance being at the fourth side. For the resident physicians there will be three houses, and for the nurses one, considerably larger than those allotted to the doctors.

It is expected that the hospital when finished will cost in the neighborhood of five hundred thousand dollars. As at present estimated the cost will be close to four hundred and fifty thousand dollars, and with the improvements to the grounds and the additional expenses of stables and ambulances, the cost will run close to half a million. The iron work alone for the main building will cost in the neighborhood of one hundred and sixty thousand dollars.

By the close of the present year improvements at an expense of two hundred thousand dollars will be completed in an addition to the Los Angeles Infirmary, Los Angeles, Cal., better known as the Sisters' Hospital, on Beaudry and Alpine Streets.

The new structure is to be built at the southwest corner of the present building, and will be five stories high, capped with a cupola. The southwest wing of the present building will be remodelled and carried up five stories, the whole to harmonize with the new improvement contemplated.

The ground space to be occupied by the new building is one hundred and ten by sixty-two feet, set on a heavy stone foundation. With the completion of this building two hundred and eighty separate beds will be supplied, being an increase of one hundred and eighty.

A MEETING of representatives of the four principal hospitals of the city of Syracuse, N. Y., was held August 6 for the purpose of forming an association to harmonize the interests of the hospitals and to control the ambulance service.

It is proposed to form a permanent organization, to be composed of five rep-



representatives each from the Hospital of the Good Shepherd, St. Joseph's Hospital, the Syracuse Hospital for Women and Children, and the Homœopathic Hospital. The representatives will be selected from the Board of Trustees, the Board of Managers, and the medical staff of each of the institutions.

It is proposed to adopt a basis upon which an ambulance can be operated from each of the hospitals to the satisfaction of all, and also to decide upon a plan to harmonize and further the interests of each of the hospitals.

A. C. BURRAGE, a wealthy Boston attorney, whose mansion and grounds form one of the principal attractions of Redlands, Cal., has leased Bunkin Island, in Higham Bay, near Boston, Mass., for a period of three hundred and ninety-nine years. On it he will erect a hospital and lay out beautiful grounds for crippled children.

The philanthropy of Mr. Burrage is in the nature of the fulfilment of a vow. Over one year ago Russell Burrage, his nine-year-old son, was seriously injured while playing foot-ball. For many weeks he was in bed badly crippled, and ever since that time the anxious father's sympathy has gone out to young cripples. He has given large sums of money to alleviate the sufferings of other crippled children.

THE trustees of the Salem Hospital, Salem, Mass., having secured the property directly in the rear of the present institution and running through to Derby Street, comprising the foundry and the Howard House, will have these buildings removed and new buildings erected, each to contain ten wards of a normal capacity of ten patients, or double the number now provided for. The present building is designed for use as a nurses' home and administration house. It is expected to begin on the new buildings early in the fall, as the plans are completed. Each ward will have a sun-apartment attached. Owing to the large cost and increased running expenses all the wards will not be built at once, but only as circumstances permit.

THE policy of State care for consumptives is spreading, and the Massachusetts departure has been followed in Connecticut. There, however, the bounty of the State is reënforced by private giving. Work has been begun on the consumptives' hospital on Newington Mountain, near the city of Hartford. The Legislature appropriated twenty-five thousand dollars, and nearly as much more has been raised by subscription. The policy of isolation for victims of pulmonary tuberculosis, with plenty of open air and generous feeding, is to be more and more employed. The Connecticut hospital will be two hundred and seventy-six feet long, the centre section two stories high, and one wing is to be for men and the other for women.

THERE has recently been completed in Milwaukee, Wis., a sanatorium which in many respects is the model sanatorium of the world.

It is just removed from the noise and dirt of the city, situated in a beautiful park of ten acres.

The sanatorium was started seven years ago, and was the first Kneipp Water-Cure institution in the United States, and the original water treatments and diet are still given, but since then it has been rapidly enlarged in scope and size, until all the best treatments employed anywhere in the world are applied, and new methods are added just as soon as they become of recognized value.



THE Building Committee of the Hospital of the Good Shepherd, Syracuse, N. Y., will complete the improvements at the institution early in October, after two and a half years' work and an outlay of one hundred and fifty thousand dollars in new buildings and equipment. The new buildings will then be formally opened with a public reception. The administration building, which is now nearing completion, will have cost, when ready for occupancy, seventy-five thousand dollars, and the entire property, after all the work is completed, will be valued at two hundred and fifty thousand dollars.

THE Rev. Father John Hickey, of St. Thomas's Roman Catholic Church, Braddock, Pa., will build a hospital to cost one hundred thousand dollars. The institution is badly needed in Braddock, and will be called the Connelly-Hickey Memorial, to be located in Verona Street. A large portion of the money for the building will come from the estate of the late Martin Connelly, who died about twenty-five years ago, and the remainder will be forthcoming when needed.

THE Board of Park Commissioners at San Francisco, Cal., have set apart a lot of land near the Park upon which an Emergency Hospital will be built with the least possible delay. Efforts will be made to make the hospital a model of its kind, and physicians and nurses will be detailed to be constantly on duty. The many accidents to visitors to the Park makes such a hospital absolutely necessary.

BY the will of Jacob P. Culmon ten thousand dollars is left to Mount Sinai Hospital, ten thousand dollars to the Hebrew Benevolent and Orphan Asylum of the City of New York, ten thousand dollars to the Montefiore Home for Chronic Invalids, five thousand dollars to the German Hospital and Dispensary, and ten thousand dollars to the United Relief Works of the Society of Ethical Culture.

NEW YORK CITY is to have a new small-pox hospital for private patients. This will be for the purpose of preventing patients from being summarily removed from comfortable homes to the public institution on North Brother Island, and will be operated on the plans of the Willard Parker Hospital for Diphtheria Cases.

THE new hospital at Colorado Springs, Col., has cost seventy thousand dollars, and is to have in connection with it a building for the medical and surgical staff that will cost twenty-three thousand dollars.

THE Babies' Hospital of New York City is to have new buildings, to be erected on the present site, Lexington Avenue and Fifty-fifth Street. The cost will be ninety thousand dollars.

A NEW hospital which will cost twenty-four thousand dollars is to be erected at Quincy, Ill. The building will have accommodations for ninety patients.

PLANS have been accepted for the West Virginia Asylum for Incurables at Parkersburg, and also for the building for epileptics.

THE Soldiers' Home at Lafayette, Ind., is to have a new hospital, the cost of which will be about twenty-two thousand dollars.

MR. AND MRS. THOMAS RYON, of New York, have given one hundred thousand dollars to build a hospital at Lynchburg, Md.



THE Insane Hospital at Osawatomie, Kan., is to have a new addition which will cost thirty thousand dollars.

ST. JOSEPH'S HOSPITAL, Marshfield, Wis., is to have an addition built which will cost ten thousand dollars.

BIDS have been filed for work on the new building of the Medico-Chirurgical Hospital of Philadelphia, Pa.

PROPOSALS have been sent in for the new hospital buildings at Phoenix, Ariz.

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### TRAINING-SCHOOL NOTES

MISS ELEANOR A. UNDERHILL, one of the members of the last class to graduate from the course in hospital economics at Teachers' College, has accepted the position as superintendent of the Virginia Hospital, at Richmond, Va. Miss Underhill is a graduate from two training-schools, that of Smith Infirmary, Staten Island, and the General Memorial Post-Graduate, New York, and has had charge of a private hospital in Boston.

Miss Underhill is a native of New York State, is a young woman of attractive personality, and in accepting her present position shows courage, as we hear she has had thirteen predecessors in the last two years. Only those who have taken charge of a hospital that has been so unfortunate can appreciate the work that Miss Underhill has undertaken, and one naturally wonders if there is not an underlying cause, either in the management or medical staff.

PLANS are being prepared for a two-story addition to the railway hospital at Brainerd, to be used for a nurses' dormitory and training-school. It will be of frame construction and will have gas and electric light, open plumbing, and all modern conveniences. Its cost will be five thousand dollars.

THE trustees of the New Britain (Conn.) Hospital, in considering plans for an addition to the main building, recommended that a training-school for nurses be established in connection with the institution.

THE corner-stone of the Memorial Home for Trained Nurses at New Orleans, La., was laid in the early summer, but the donor's name was not announced. The home is to cost fifty thousand dollars.

MRS. A. C. GOODWIN, who for two years has been the superintendent of nurses at the General Hospital, Buffalo, N. Y., has resigned her position because of ill-health.

THE Legislature of Pennsylvania has appropriated one hundred thousand dollars to build a nurses' home at the State Hospital for the Insane at Norristown.

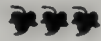
MISS O. L. DEAKINS, of Washington, D. C., has accepted the position of assistant at the Proctor Hospital, Vt.

A TRAINING-SCHOOL has been established in connection with the Presbyterian Hospital of Atlanta, Ga.



# OFFICIAL REPORTS OF SOCIETIES

IN CHARGE OF  
MARY E. THORNTON



## THE NURSES' ASSOCIATED ALUMNÆ OF THE UNITED STATES

THE Third Annual Convention of this association was held at Buffalo on Monday and Tuesday, September 16 and 17, Mrs. Hunter Robb, the president, in the chair. There were present fifty-one delegates from the alumnae associations affiliated with the National Society. It was decided to hold the next meeting in Chicago in May, 1902.

The officers elected for the year: President, Miss Annie Damer; first vice-president, Miss Helen Hay; second vice-president, Miss Harriet Fulmer; treasurer, Miss Tamar E. Healy; secretary, Miss Mary E. Thornton. A detailed account of the proceedings will be published in the November issue of THE AMERICAN JOURNAL OF NURSING.

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## THE AMERICAN SOCIETY OF THE SUPERINTENDENTS OF TRAINING-SCHOOLS FOR NURSES

THE American Society of Superintendents of Training-Schools for Nurses met at two o'clock on Monday, September 16, in the Woman's Educational and Industrial Union, on Niagara Square, in Buffalo. The president, Miss Keating, superintendent of the Erie County Hospital, was in the chair, and proceedings were begun by sending a telegram of sympathy to Mrs. McKinley on the death of the President. Thirty-five members responded to the roll-call, and after the minutes of the last meeting were read and the treasurer's report approved a short business session followed.

The society had the agreeable privilege of seating as guests on the platform Mrs. Bedford Fenwick, the honorary president of the coming Congress of Nurses and president of the International Council of Nurses; Miss Isla Stewart, matron of St. Bartholomew's Hospital, London; Miss Mollett, matron of the Royal South Hants Infirmary; Miss McGahey, matron of the Prince Alfred Hospital, Sydney, and delegate from the Australasian Association of Nurses; Miss Cartwright, delegate from the Registered Nurses' Society, England, and Miss Waind, delegate from St. Bartholomew's League of Nurses.

There were several committee reports of interest. Mrs. Robb, chairman of the Standing Committee on the Special Course in Hospital Economics at Teachers' College, Columbia University, gave a detailed account of the work of the class in the past year, of the prospects and plans for the future, and of the financial situation, with the need of endowment of a chair for the proper conduct of the course.

The report of the Joint Committee on Affiliation with the Associated Alumnae was read by the secretary, showing that the union of the American Society of Superintendents with the Associated Alumnae was complete, and that under the name, "American Federation of Nurses," the dues had been paid which



admitted the federation into the National Council of Women of the United States.

The society then moved that its president and first vice-president should continue to represent it in the federation, and gave authority to its representatives to join in choosing one member of the Federation Committee as president of the federation to represent it in the National Council of Women. Miss Keating, who had attended the executive meetings of the National Council of Women on September 11, 12, and 13 as delegate, then gave a very interesting account of these meetings.

The society then adjourned to attend the meeting of the International Council of Nurses.

The second session, on Tuesday afternoon, was taken up by the revision of the constitution and the election of new members and officers. The revision of the constitution (Miss Davis, chairman of the Revision Committee) was quite radical, altering membership from five classes to two, active and honorary, of which the former includes superintendents of training-schools or hospitals, assistant superintendents, and heads of nursing bodies (as the Army Nurse Corps). They are all, now, on exactly the same footing, the former inequalities having been swept away. The qualification for membership rests now solely and entirely on the professional education and general acceptability of the woman herself, and not, as formerly, on the size or character of the hospital over which she presides.

It is required that she shall have had not less than two full years of training in the wards of a general hospital, or that, in case this training had been deficient, it shall have been supplemented by post-graduate work or subsequent hospital work, which might be considered an equivalent. Under this broader and more just plan the membership of the Superintendents' Society should increase largely and its power for influencing the education of nurses be greatly augmented.

The new president is Mrs. Gretter, of the Farrand Training-School, in Detroit, and the next meeting of the society will be held in the West in September, 1902.

It was voted by the society, on motion of the secretary, that in the future all routine announcements to the society will appear in the official reports of THE AMERICAN JOURNAL OF NURSING, and that the secretary will not be required, as heretofore, to send these individually to each member. The secretary was instructed to write fully to explain this to the members.

The meeting then adjourned.

L. L. Dock,  
Secretary.

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### THE SPANISH-AMERICAN WAR NURSES

THE Spanish-American War Nurses held their second annual meeting at the Woman's Industrial Union in Buffalo, September 16 and 17. The meeting was a most delightful reunion, and some fifty members were added to the roll. Complete by-laws were adopted. The next meeting is to be held in Washington the second week of December, 1902.

The officers were elected by a unanimous vote to serve for another year, and are: President, Mrs. Anita Newcomb McGee, M.D., Washington; vice-presidents—Miss Laura A. C. Hughes, M.D., Miss Isabel Walton, Miss Mary J. McCloud, Miss Isabel E. Cowan, M.D., Miss Annie A. Robbins, Miss Rose Meisclbach, Miss



Mary E. Dreyer, Miss Anna McEvoy, Mrs. Yssabel Waters, Miss Elizabeth Porteous; treasurer and corresponding secretary, Mrs. H. C. Lounsbery, Quarrier Street, Charleston-on-Kanawha, W. Va., and recording secretary, Miss Lela Wilson.

LELA WILSON,

Recording Secretary.

[It was voted to make THE AMERICAN JOURNAL OF NURSING the official organ of the Society, and a full report of the proceedings will appear in the next number.—ED.]

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### NEW YORK STATE NURSES

AN informal meeting of the New York State Nurses' Association was held in Buffalo on Tuesday evening, September 17, at the office of the president, 707 Prudential Building. The foreign delegates to the Congress were present, also representatives from the two States that have organized State societies, Virginia and Illinois.

The discussions brought out the fact that all countries and States represented were working along the same lines, and that all have about the same difficulties to overcome.

Illinois and Virginia have organized on an individual basis, having settled the problem that in New York has been considered difficult of solution, and that remains to be considered at the next meeting.

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### SECRETARY'S REPORT OF THE MEETING OF THE INTERNATIONAL COUNCIL OF NURSES, BUFFALO, SEPTEMBER 16, 1901

THE International Council of Nurses held its second annual executive meeting in the Women's Educational and Industrial Union, on Niagara Square, Buffalo, N. Y., on Monday, September 16, at three o'clock. The president, Mrs. Bedford Fenwick, of London, was in the chair. There were present Miss Isla Stewart, matron of St. Bartholomew's Hospital, London, and honorary vice-president for England; Miss McGahey, matron of the Prince Alfred Hospital, Sydney, Australia, and honorary vice-president for Australia; Miss Mollett, matron of the Royal South Hants and Southampton Hospital, Southampton; Miss Brennan, superintendent of the New York Training-School connected with the Bellevue Hospital, New York City; Miss Walker, superintendent of nurses in the Pennsylvania Hospital, Philadelphia; Miss Banfield, superintendent of the Polyclinic Hospital, Philadelphia, councillors; Miss Snively, superintendent of nurses, General Hospital, Toronto, Canada, treasurer, and Miss Dock, of New York City, secretary.

Letters of regret had been received from Mrs. Norrie, of Denmark, councillor; Mrs. Grace Neill, of New Zealand, councillor; from Miss Breay, Miss Beachcroft, Miss Cureton, Miss Knight, Miss Huxley, and Miss Bradshaw, councillors from England and Ireland; from Miss Keith Payne, honorary vice-president from New Zealand; Miss Farquharson, councillor from Melbourne, Australia; from Fraulein von Schlichting, honorary vice-president from Germany, and Mej. Kruysse, honorary vice-president from Holland; also from Miss Kindbom and Mrs. Quintard, of the United States, councillors.

The American Federation of Trained Nurses, composed of the Associated



Alumnæ and the Society of Superintendents of Nursing Schools, had been invited to attend the meeting, and the room was well filled.

The president opened the proceedings by the following address.

"LADIES: In opening this, the first session of the International Council of Nurses, it is my first duty to express how deeply I appreciate the honor of having been elected as your first president, to convey to its members my profound sense of the responsibility attached to the office, and to assure them that it is my earnest determination to uphold the dignity of the distinguished professional position which has been conferred upon me.

#### WORK.

"The text of the few words which I would say to you is comprised in the one word—Work. We take our stand in the Preamble of this International Council of Nurses as a confederation of workers. 'We, nurses of all nations,' it runs, 'sincerely believing that the best good of our profession will be advanced by greater unity of thought, sympathy, and purpose, do hereby band ourselves in a confederation of workers to further the efficient care of the sick and to secure the honor and the interests of the nursing profession.'

"The work which lies before us in the organization of an International Council of Nurses may well impress us with its magnitude. We have written down its constitution,—a constitution pregnant with and powerful for good,—but we have to make that constitution live, and to do this we must inspire it with the vital force of a fine, purposeful spirit. Hence work must be our watch-word.

"It has been written that no man is happier than he who loves and fulfils the particular work for the world which falls to his share. To man is entrusted the nature of his actions, not the result of them, and therefore does it behoove us to be diligent in our several spheres, although the law of evolution wills it that the good which our exertions effect may rarely become visible. Between the result of single efforts and the end we have in view and the magnitude of the obstacles to be overcome there may often appear a large and painful disproportion, but we must not allow ourselves to be discouraged by seemings: warm and hearty endeavor will certainly meet its reward. Good uses are never without result. Once enacted, they become a part of the moral world; they give to it new enrichment and beauty, and the whole universe partakes of their influence. They may not return in the shape in which put forth, but likelier after the manner of seeds, which never forget to turn to flowers. Philosophers tell us that since the creation of the world not one particle of matter has been lost; it may have passed into new shapes, it may have combined with other elements, it may have floated away in vapor, but it comes back even then in the dew-drop and the rain, helping the leaf to grow and the fruit to swell; through all its wanderings and transformations Omniscience watches over and directs it. So is it with every generous and self-denying effort: it may escape our observation and be utterly forgotten, it may seem to have been all in vain, but it has painted itself on the eternal world and is never effaced. Nothing that has the ideas and principles of good in it can die or be fruitless. That which the fountain sends forth returns again to the fountain. 'Every man,' says Fichte, 'should go on working, never debating within himself, nor wavering in doubt whether it may succeed, but labor as if of necessity it must succeed.' In work, then, consists the true pride of life.

"Thus we have inspiration and effort, but we also need order. See what



order there is in nature! along with sublimest activity, what smoothness, what ease! How still the growth of the plant, yet how rapid! How peacefully the stars of midnight seem encamped, yet before morning whole armies have disappeared! So much is achieved because everything is done in order at the right time, intently yet deliberately. So in the formation of this International Council of Nurses its founders have looked well to its organization. The vote covers all. They have, therefore, chosen graduate suffrage as the foundation on which to erect their stately pillar of international professional coöperation, and have thus based the constitution on the fundamental principle that a free, and therefore a progressive, community must be self-governing. The organization of the International Council is as simple as it is sure. The graduate nurses combine to form Alumnae Associations; by delegation these societies coöperate to form a National Association. The National Associated Alumnae, in conjunction with the Superintendents' Society, federate to make a National Council, and the National Councils are eligible for affiliation with the International Council of Nurses. Thus, through gradual delegation we provide that every graduate nurse becomes articulate in this International Council of Nurses. We have, in short, secured to our members professional suffrage, and order will thus be evolved out of chaos.

"And yet in making our Council mechanically perfect, let us remember that the vital force is of the spirit, and not of the letter of the law. In a society which would be world-wide, which would include members of every race and creed, we must, while maintaining inviolate certain broad general principles which form our common bond of union, permit—nay, foster—individuality in detail, authorizing each country to apply these principles in a manner best suited to its own needs. In like manner every National Council will do well to encourage and develop the individuality of its members, for only so shall we utilize to the full the correlation of our forces, and make our council a progressive power for good. Diversity of opinion is the very salt of life, and we shall do well to encourage rather than deprecate its expression.

"The task to which we must first devote all our energies is the building up of National Councils of Nurses in every land. Let it be a labor of love. Ruskin says: 'It is useless to put your heads together if you can't put your hearts together. Shoulder to shoulder, right hand to right hand, among yourselves with no wrong hand to anybody else, and you'll win the world yet.'

"Into these councils should be gathered, through various associations for mutual help and professional progress, every individual graduate nurse, and the chief work in European countries for many years to come will be the education of these graduates in the immensity of human responsibility, which includes their duty towards their neighbor, other than their patient, and their duty to the State. All worthy progress of women and their work must spring from this sense of corporate existence and reverence for political rights; associations of women to be of any real value in the body politic must comprise mind as well as matter. We have experience that associated masses of women devoid of the innate vigor of conscience fall an easy prey to the unscrupulous, and retard rather than promote the intellectual advancement of their sex. Realize then the patience, the singleness of purpose, and the fine courage required by those who would sow the seed of high endeavor in the fallow fields of the nursing world. Indeed, it is a stupendous project, and will need the aid of hope, faith, and charity unbounded.

"The inspiration is ours; let the effort be forthcoming, and order must result. 'What the child admired, the youth endeavored and the man acquired.'



"National Councils of sentient beings alone can form an International Council of any worth. Awaken and cultivate the senses of each individual graduate nurse, and let the result be never so slow, it will be sure: a weighty International Council of Nurses must be.

" 'Hope is of the valley ; Effort stands  
 Upon the mountain top, facing the sun ;  
 Hope dreams of dreams made true and great deeds done  
 Effort goes forth, with toiling feet and hands,  
 To attain the far-off sky-touched table-lands  
 Of great desire ; and, till the end is won,  
 Looks not below, where the long strife begun  
 In pleasant fields, mid torrents, rocks, and sands.  
 Hope ; but when Hope bids look within her glass,  
 And shows the wondrous things which may befall,  
 Wait not for destiny, wait not at all ;  
 This leads to failure's dark and dim morass ;  
 Sound thou to all thy powers a trumpet call,  
 And, staff in hand, strive up the mountain pass.' "

After the president's address the secretary read the minutes of the last meeting, which was held in London in 1900, at which the constitution had been finally amended and adopted.

A collection of reports on the present status of nursing organization and nursing education in the different countries of the world had been made by the president, comprising "Great Britain and Ireland," by Mrs. Bedford Fenwick; "The United States," by Miss Dock; "Canada," by Miss Snively; "France," by Doctor Anna Hamilton; "Italy," by Miss Turton; "Denmark," by Mrs. Norrie; "Sweden," by Froken Gina Krog; "Egypt," by Miss J. Watkins; "South Africa," by Miss Breay; "South America," by Miss Jackson; "New Zealand," by Mrs. Neill; "Tasmania," by Miss Milne; "Australia," by Miss McGahey; and "Cuba," by Mrs. Quintard.

These reports, which will all be published in full, were of great interest, but their length precluded their being read with the exception of two, to show the ground covered by them. They show that the United States is at present the only country in which organization among nurses has gone to the point of being fully ready to affiliate in international relations, and that Australia will probably be the next one to complete the final steps.

The councillors of the International Council held an informal meeting in the evening, in the club-room of the Union, to consider work for the future and to plan for the further organization in countries as yet incompletely organized.

L. L. Dock,  
 Secretary.

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## ALUMNÆ MEETINGS

### UNIVERSITY OF PENNSYLVANIA.

THE annual meeting of this Alumnae Association was held Monday, June 3, at eight o'clock, in the parlor of the Nurses' Home. Seven business meetings have been held during the year, with a good attendance. A "birthday party" in aid of the endowed-room fund was given December 3, 1900, at which four hundred dollars was realized.

Officers elected for the coming year were as follows: President, Miss Eliza-



beth Ramsden; first vice-president, Miss Margaret S. Fay; second vice-president, Mrs. Katharine Bennett; treasurer, Mrs. Lucy H. Irwin; secretary, Miss Nellie M. Casey.

After the election of officers the meeting was thrown open to the guests, the "third-year nurses," and the members of the Training-School Committee. Papers were read by Miss Sara Rudden, her subject being "The Ethical Side of Nursing," and by Miss Nellie M. Casey, whose subject was "The Relation of the Graduate Nurse to the Training-School." After the business meeting refreshments were served and vocal and instrumental music was rendered by the nurses until eleven P.M., when the meeting adjourned to September.

NELLIE M. CASEY,  
Secretary.

#### THE BROOKLYN HOSPITAL ALUMNÆ.

This association has entered its seventh year with a membership of ninety-four, an increase of thirteen more than last year. Its finances are in a prosperous condition. The sick-fund has on hand fifteen hundred and twenty-four dollars and forty-six cents. Four of its members have benefited by the sick-fund this year. Nine meetings were held during the year at the Training-School and were well attended. Several interesting lectures were given at these meetings, also an entertaining account of the convention at Washington. The society was well represented at the convention of the National Association in New York in May. Several of its members rendered good service to the sufferers by the Galveston disaster. A majority of the members are doing private duty in New York and Brooklyn, but a good many hold responsible positions in hospitals.

#### COOPER HOSPITAL ALUMNÆ, CAMDEN, N. J.

A special meeting of the Alumnæ Association of the Cooper Hospital, Camden, N. J., was held Thursday, September 19. Important matters pertaining to the association were discussed, and a committee appointed to draw up resolutions relating to the death of the President, which are to be recorded in the minutes of the meeting.

#### ELLIOT CITY (N. H.) ALUMNÆ.

The graduates of Elliot City, Keene, N. H., met on June 5 and organized an alumnæ association with four honorary and twenty-five charter members.

The following officers were elected: President, M. E. Taft, M.D.; first vice-president, Mrs. Ben. O. Aldrich; second vice-president, Mrs. Selina O. Rittenhouse; third vice-president, Miss F. S. Farrell; secretary, Miss Marie A. Bourgeois; treasurer, Miss M. M. Dumvill.





# FOREIGN DEPARTMENT

IN CHARGE OF  
LAVINIA L. DOCK



## NURSING IN BRAZIL

[MISS JANE A. JACKSON, matron of the Strangers' Hospital in Brazil, has sent us an account of her hospital with some charming photographs, which we give here in connection with her report to the International Council.]

RIO DE JANEIRO, March 26, 1901.

There is not any training-school for nursing in the whole of Brazil, but every now and then there is a great talk about one, and then it dies out again. In the native hospitals here there are not any nurses at all, the work of the wards being undertaken by Sisters of Mercy and the Order of St. Vincent de Paul, and under them in the male wards they have men who wear a linen uniform, no collar or tie, slippers without socks, and smoke cigarettes. They call them *serventes*. I believe at times they give them the title of *enfermeiros*, but as the doctor here gave us the same name with an "a" at the end, I object to calling these dirty men by it.

In the large hospital here, the Santa Casa da Misericordia, which has two thousand beds, it is the same, the sisters getting up at midnight and four A.M. to give the medicines, and the ward is then left in charge of one of these men. It is a beautiful building, but the patients and bedding are filthy. In the Hospital for the Insane, which is just below us, the work is now, on the female side, under the care of Frenchwomen who have had some little training before coming out, but they are not certificated. That now being the hospital of the state, the sisters are not employed there.

In the S. Sabastao Hospital for yellow-fever they have boys who have been trained there under the superintendent, Dr. Seidel, and two years ago I had one from him, and he is still with me. He is very clean, but I had to teach him how to sponge patients, wash them, make beds, etc. Now he is most valuable, as he knows a great deal about yellow-fever with all its sequelæ, and I can leave him alone at night with patients. He can take temperature, pulse, and respiration, and also, if the patient should have failure of the heart, which is a very common thing in yellow-fever, he knows just when to give caffeine, and I consider that a great deal in a Brazilian.

Patients are never washed, or, I might say, very rarely, in the native hospitals, and very often fresh patients are put into the beds without change of bedding.

In S. Paulo, at the Hospital Samaritano, they train probationers, but whether they give them a certificate I am not quite sure, but I have written to the medical superintendent and asked him to kindly give me all the information he can. His reply I append here:





VIEW FROM FRONT OF STRANGERS' HOSPITAL  
Showing the native hospital of São João Baptista and street



VIEW FROM STRANGERS' HOSPITAL GROUNDS  
Corcovado Mountain in background, rising two thousand feet above the sea





BAY OF BOTAFOGO AND ENTRANCE TO THE BAY OF RIO  
The large building is the State Lunatic Asylum



SUGAR-LOAF ENTRANCE TO BAY OF RIO  
Taken from in front of the Hospital



"In reply to your letter of inquiry, I can only state that as far as Sao Paulo goes there is absolutely nothing done as to organization for training of nurses. In the Samaritano all our staff nurses are home-trained, and we have only two probationers' places. We require three years of service, including medical and surgical work. If they finish the term, that is a proof that their work has been satisfactory, and a certificate to that effect is given. In the national hospitals the trained nurse is an unknown quantity. Religious Roman Catholic sisterhoods are nominally the source of supply of nurses, but what is done is done by uninstructed persons, male and female, who frequently have been patients themselves, and, showing some interest in their fellow-patients, have been asked to remain as nurses!

"The state fever hospital had three Scotch trained nurses out as an experiment, but it proved a miserable failure, and they are not likely to repeat it. So far as I know Brazil and its hospitals, you may state that, with the exception of one or two hospitals, such as the Strangers' and the Samambano, which have English trained nurses, there is no such thing known in the native hospitals as the trained nurse in our acceptance of the term. They are in this respect at least one hundred years behind the times."

Buenos Ayres is very much more progressive. The matron who was there for eleven years, Miss Eames, left last November and is now in London. I think she was from St. Thomas's Hospital. I am sure that she would be able to give you a very good idea of the work there.

The head nurses have mostly been trained at home, and yet they have selected as matron one of their probationers, with only the training possible there, which Miss Eames did not think quite sufficient.

South America has still to be roused up, for it is twenty-five years behind every other country. Every Brazilian doctor or visitor who comes up here exclaims at the cleanliness of the place and at ourselves in our white uniform, and one great compliment they pay us is that we are most punctual and better able to adapt ourselves to sick-nursing than the Brazilians.

I am only sorry that I cannot give you a better account of the condition of things in hospital work in the capital of Brazil, and you will find my letter of very little use. I wish I could say that we are going with the times. All we can do is to try and keep up to the standard as far as we can that we were taught at home, and that is difficult in a country like this, where everything is lax.

JANE A. JACKSON,

Matron and Superintendent.

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## NURSING IN EGYPT

CAIRO, May 24, 1901.

### I.

#### TRAINING OF NURSES.

THE only authorized training-school for nurses in Egypt is the government hospital, Kasr el Aini, Cairo. Here the patients, mostly Egyptians, are nursed by Egyptian nurses of their own sex, under the supervision of an English staff consisting of a matron and seven sisters.

The hospital, which contains four hundred and twenty beds, is divided into two wings, one for male patients and the other for the hareem, or female patients.



On the male side the nurses are men of the lower class, sufficiently educated to be able to read and write, who work in the wards for a long or short period according to their capabilities. They receive no special training and, of course, no certificate.

L'Ecole Medicale des Filles provides the nurses for the female patients. These pupils are under the superintendence of the matron of the hospital. They are chosen from the Sanich School, a government secular institution under the care of an English head mistress, and are obliged to bring with them a certificate of proficiency in reading and writing.

The term of training is for three years. During the whole of this period the pupils work in the wards, medical, surgical, ophthalmic, midwifery, and gynæcological, under the supervision of English sisters, who train them in practical nursing. For theoretical work, during the first year, lectures are given by the physiologist (a native) to the Medical School on elementary physiology and anatomy, and by the matron on nursing. At the end of this term an examination is held on these subjects.

During the second year the principal subjects taught are pharmacology by the professor of chemistry (a German), and theoretical nursing by the matron. The pupils are examined in these subjects at the end of twelve months.

For the third year the lectures are on midwifery, normal and abnormal labors, which are given by a native doctor, on anatomy of the pelvis and gynæcology by another native doctor, and on legal medicine by the director of the Medical Schools.

The practical training in the wards in midwifery is given by the surgeons attending the cases. There is no English midwife in the hospital, and the pupils receive no special training in obstetrical nursing. The pupils have lessons in English and are instructed in physical exercises.

At the end of her three years, if a pupil passes her final examination and her conduct has been satisfactory, she receives a diploma from the Sanitary Department and is registered by the state as a hakeema. A hakeema has the following choice of work: She may practise as a midwife on her own account, or she may remain in the government employment in either of the following capacities: She may stay on in the hospital as a sort of staff nurse; there are two of these posts at Kasr el Aini. She may be attached to one of the police divisions of Cairo or Alexandria, or she may go to a moodarieh (province), working with the doctor attached to the police station or province. Under these conditions a hakeema may legally certify cause of death, write a simple prescription, attend cases of normal labor, treat gynæcological patients, and in case of an outbreak of an epidemic inspect females. A few Mohammedan families who object to a male doctor employ a certificated hakeema for sick female relatives.

In addition to and quite distinct from the hakeemas are the "diahs." These are completely uneducated women, who receive theoretical instruction by a course of lectures on simple midwifery given by a doctor or midwife at Kasr el Aini or other government hospitals. The course of lectures usually occupies about fifteen days. At the end of this time they are examined by a doctor, and if passed by him are licensed by the state to attend cases of the simplest kind. The law is very strict with regard to the limitations of the "diah's" work. She may use no instrument of any kind, not even for rupturing the membranes.

The cases of normal labor at Kasr el Aini Hospital are very few indeed, and are chiefly women undergoing a term of imprisonment at one of the state prisons. The abnormal cases are usually very difficult ones, as the patient has



probably been attended in her own home by a "diah," who has not recognized the difficulty of the case until the patient has been several days in labor and is in danger of death.

There is very little demand for Egyptian women as nurses among Egyptians.

The hakeema as a midwife has a recognized position, and so has the "diah." The great majority of women in Egypt are still veiled, and they have *no* authority in any household but their own. They are, therefore, simply useless as nurses. The German hospitals, of which there are two in Egypt, one in Cairo and one in Alexandria, are nursed by German deaconesses trained at Kaiserswerth. The French hospitals, three in number, one at Cairo, one at Suez, and one at Alexandria, are nursed by the sisters of St. Vincent de Paul.

The British hospital at Port Said has an English superintendent, who has four fully trained nurses under her, three for the hospital and one for private cases. They are all engaged from England for three years.

The government hospital at Port Said is nursed by sisters of the Bon Pasteur order.

The Greek hospital in Alexandria also employs English sisters.

## II.

### ORGANIZATIONS OF CERTIFICATED NURSES.

Of these there are three in Cairo:

The English hospital and Victoria Nursing Home, the staff of which consists of a matron and seven nurses, all English. The nurses are employed in the hospital and for outside work.

The English Nursing Home, which has a superintendent and four nurses.

The Marianne Hughes Nursing Fund, which employs two nurses. The nurses employed by it are engaged by the matron of Kasr el Aini Hospital and are under her supervision. They nurse for any doctor in Cairo, and may be sent to other parts of Egypt by special permission from the committee of the fund. They are engaged for six or eighteen months, and when not nursing private patients they are employed in the government hospital.

In Alexandria the Victoria Home, which is a home for governesses and a registry office for servants, keeps three nurses, whom it sends out to cases as they are required.

J. G. WATKINS.

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## LETTERS

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### FROM NEW ZEALAND

THE following most interesting letter has just been received from Mrs. O'Neill, who is a nurse, councillor of the International Council of Nurses, and inspector of hospitals in New Zealand:

"HOSPITALS AND ASYLUMS DEPARTMENT,

"WELLINGTON, N. Z., August 14, 1901.

"MY DEAR MISS DOCK: I am sending you our annual Hospitals and Asylums Department reports, also a copy of the New Zealand bill for the registra-



tion of hospital-trained nurses. It was introduced by the government representative in the upper house (Legislative Council), the Hon. W. C. Walker, C.M.G., minister in charge of the Hospitals and Asylums Department, and has passed there. It has also passed second reading in the lower house (House of Representatives), and now only wants committal and third reading before enactment. I do not think there will be any opposition, although minor alterations may be made in committee.

"This nurses' bill has been occupying my attention for some time past. The registrar work will fall to my share, and there is much detailed organization to be thought out and prepared in addition to my usual travelling and inspection duties. You must therefore please forgive me for not having as yet sent any contribution to *THE AMERICAN JOURNAL OF NURSING*. I enjoy it on arrival each month, and congratulate the editor most heartily upon its general appearance (I speak as an ex-journalist) and its valuable reading-matter.

"It is a common thing to hear people say, 'What has women's suffrage done for New Zealand? Women don't want it, and merely vote duplicate to their men-folk.' This is not accurate. If an attempt were made to disfranchise us, then speedily the country would feel whether women wanted it or not. The extended franchise has now been in force for three general elections, and the considerate legislation in the interests of women, more especially of women-workers, tells its own tale as to the value of a vote. Whether the women influence their men-folk before going to the polls or vice-versa does not matter much; the fact remains that it has bettered our position. At the end of the present session I hope to send you a brief summary of acts passed during the last six years that will prove this.

"I only wish I could have had the happiness of accepting the very kind invitation to Buffalo. However, it would have been useless to ask the government for another long leave of absence. I must converge my energies towards the aim of getting to Berlin in 1904. Hoping to hear that 'Nurses' Day' has been an enthusiastic success, and with warmest regards,

"I remain yours, very sincerely,

"GRACE NEILL."





# CHANGES IN THE ARMY NURSE CORPS



## CHANGES IN THE ARMY NURSE CORPS RECORDED IN THE SURGEON-GENERAL'S OFFICE FOR THE MONTH ENDING SEPTEMBER 6, 1901

CAMPIN, MARY L., formerly on duty at the Santa Mesa Hospital, Manila, P. I., has been ordered home for discharge.

Deasy, Mary Clare, transferred from the First Reserve Hospital, Manila, P. I., to duty at the Base Hospital, Calamba, P. I.

Durkee, Lula B., who has been temporarily serving at the United States Army General Hospital, Presidio, San Francisco, Cal., is discharged.

Edmunds, Jennie S., formerly on duty at the Military Hospital, Iloilo, P. I., discharged to be married. She married Mr. A. Hutchinson, and their present residence is Belgaum, India, S. M. C.

Fairbanks, Helen G., transferred from the Santa Mesa Hospital, Manila, to the Military Hospital, Dagupan, P. I.

Howard, Carrie L., transferred from the Post Hospital, Fort Sam Houston, San Antonio, Tex., to the United States General Hospital, Fort Bayard, N. M.

Jones, Helena E., on duty as nurse at the Military Hospital, Dagupan, P. I., assigned to duty as chief nurse at that place.

Kell, Elizabeth A., formerly on duty at Fort Sam Houston, Tex., discharged to be married. August 21 she was married to Patrick Carroll, United States Hospital Corps, at her home, Pensacola, Fla.

Kennedy, Emma L., transferred from the United States General Hospital, Fort Bayard, N. M., to duty at the United States Army General Hospital, Presidio, San Francisco, Cal.

Macrae, Mary E., recently returned to the United States from duty at the First Reserve Hospital, Manila, P. I., has reported for discharge.

Mickle, Rebekah, formerly on duty as chief nurse at the Military Hospital, Vigan, P. I., discharged in Manila. Will not return to the United States.

Murrin, Maude G., transferred from duty as chief nurse at Military Hospital, Dagupan, P. I., to duty as nurse at the First Reserve Hospital, Manila, P. I.

Roth, Anna G., recently returned to the United States from duty at the First Reserve Hospital, Manila, P. I., discharged.

Vedder, Mary I., recently returned to the United States from duty at the Santa Mesa Hospital, Manila, P. I., to report for discharge.

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MRS. DITA H. KINNEY, superintendent of the Army Nurse Corps, is to be one of the staff of collaborators of THE AMERICAN JOURNAL OF NURSING for the coming year.



# LETTERS TO THE EDITOR



*[The Editor is not responsible for opinions expressed in this Department.]*

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TO THE AMERICAN JOURNAL OF NURSING.

DEAR EDITOR: The days of our peace and security as a profession seem to be nearly over, and our troubles are about to begin. Resistance to quackery in nursing will soon be forced upon us, and we shall be driven into a struggle similar to that which the medical profession was driven into years ago against quackery in medicine.

Not long ago mention was made editorially of a so-called School of Nursing, the methods of which we cannot but consider in every way injurious to our highest standards.

Now, I feel impelled to appeal to nurses throughout the country to inform themselves as to the menace of that and similar institutions purporting to give training in nursing, and to warn them against indifference and lack of information as to what such movements mean.

The subject is again brought forcibly to my notice by an advertising pamphlet, quite handsomely presented, entitled "Chicago College for Nurses." It announces the second annual report, and is most imposing in a long array of directors (prominent men and physicians), a Board of Advisers (again prominent men, clergy, and philanthropists), and a faculty of twenty-four, among whom I notice a professor of hospital nursing, a professor of general nursing (both women; can they be graduates of a thoroughgoing school for nurses?), and a professor of diet and invalid cookery. (What a disgust one feels, incidentally, for the title of "professor"!)

The announcement recites the aims of the college: *i.e.*, to teach nursing in the same way in which medicine is taught; to arrange a college course; to eliminate all unnecessary drudgery (by this, it would seem, is meant all the innumerable little cares needed by the sick to make them clean, comfortable, and secure, and all the vigilant labors essential to keep their surroundings sanitary and wholesome), and to teach nursing in an up-to-date, scientific manner. Not alone for the professional nurse is the course intended, but for the wife, mother, and female members of the family.

The plan of education is to teach by didactic lectures, clinics, and bedside practice; this latter, if in hospital wards, is not so stated; probably, again, the long-suffering poor are the victims, as mention is made of churches and lodges sending for nurses. The full course consists of two terms of six months each (one year's training, notice, when in all our hospitals a steady advance is going on from a two-years' towards a three-years' course).

Qualifications are,—a certificate of good moral character; evidences of a good English common-school education; age over seventeen years. (Oh, the fine ethics shown in thus inveigling girls of an age too immature to allow their judgment or their general knowledge of the world to have developed sufficiently to be a protection against specious offers!)



Tuition fees are fifty dollars for each six months, with five dollars more for the diploma.

In the outline of study I find, in the first year, four hours a week given to anatomy and physiology and two hours a week (not a day, but a *week*) to nursing, including bedmaking, moving of patients, giving alcohol baths and sweats, the use of the ice-cap and coils, the general care of the ward and patient, and the care of the operating-room!

One hour a week is devoted to the study of hygiene; three hours a week to materia medica, in which the pupil is taught how to dispense remedies. (Is this allowed under the laws regulating the practice of pharmacy, or are there none?)

In the second year diseases of children are taught in one hour a week. Fevers and infectious diseases also in one hour a week. Surgical nursing, including operating-room technique, in four hours a week.

Massage, electricity, and osteopathy (how is osteopathy regarded by the American Medical Association?) are taught in one hour a week.

Medical jurisprudence is taught so that nurses may draft wills, contracts, and any legal papers in sickness and emergencies. (Have lawyers no protective regulations against this sort of instruction?)

One hour a week is devoted to obstetrics. Among the ten subjects taught in the second year I am not at all surprised to find practical points in nursing bringing up the tail end, with three hours a week.

Dear Editor, the indignation which I frankly admit I feel unboundedly in reading over this prospectus is directed against the assumption that this is an education in *nursing*. This college is *not* teaching nursing. It is turning out a sort of under assistant for the doctor. It is training women to do junior medical students' work, or attendants' work, simply and solely that they may be convenient lackeys to save the doctors trouble and to wait upon them (and incidentally to bring in fees), without the slightest regard, or even thought, for the patient, or for the whole vast and intricate problem of the need of wise, gentle, skilful guardianship and care for the sick and suffering patient as he himself would see and crave it.

"From our view-point," says the circular, "our course is almost perfection. There are laboratories, microscopes, incubators, chemicals and all necessary paraphernalia, a dissecting-room, and an amphitheatre."

But what of the view-point of the sick? Are we not all, doctors and nurses, supposed to exist only for the sake of the patients? In this circular there is no mention anywhere of the patient. Even the surgical technique is taught, first, upon little helpless *animals*. Is not this a revolting thought? So to teach nurses, whose first attribute should be compassionate tenderness!

How does this strike the mind which, remembering the fears and the helplessness of illness, can recall the sharpness of the need for sympathy and tender understanding of the dire strait of the sick one?

Modern science has one tremendous fault. It is too prone to forget the individual. The whole profession of medicine may, to some extent, be reproached justly with having too little imagination where the patient as a human being is concerned, and the greatest peril to which modern nursing is exposed is of falling into this same pit through imitation, and of dropping off its own peculiar and choice endowment of womanly comfortingness. Nothing, I think, dear Editor, is more trying to one's toleration than to see men—most of whom never did and never can comprehend what a woman's work really is, what its details are, or how it ought to be done—undertaking to instruct and train women in some-



thing so unquestionably her own special field as nursing. I do not limit this statement to men only, but will say that physicians, be they men or women, cannot teach nursing, any more than nurses can teach medicine. Medicine and nursing are not the same; and however much we may learn from the physician about disease and its treatment, the whole field of nursing—as nursing is realized by the *patient* (the centre of the question)—is unknown to him. I agree that he can criticise nursing intelligently, but he cannot show how it ought to be done or do it himself, except in rare instances.

Florence Nightingale, who said everything that is fundamental and true, repeated this fact continually, and the experience of every good nurse ratifies it.

We need, then, to recognize those qualities and characteristics in our work which are superior to what men can teach us, and to hold firmly to them, refusing to give them up, and most unremittingly should we resist all attempts to take our right of teaching our own work out of our hands, putting nurses out of their true relation to their own calling, and bringing up a set of imperfect imitators of pseudo-scientific men, mere satellites of the medical profession, who will be neither doctor nor nurse.

I am, dear Editor, yours sincerely,

L. L. Dock.

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DEAR EDITOR: Having enjoyed the privilege of six delightfully interesting weeks at the Summer School in Philanthropic Work in New York, I want all nurses to know of this opportunity open to almost all of them.

The school is conducted by the Charity Organization Society of New York City, and the meetings are held in the library of the United Charities Building, 105 East Twenty-second Street, every weekday morning for six weeks in June and July.

Pupils are eligible to the school who have graduated from a college or university, or who have had one year's practical experience in some philanthropic work. A registration fee of ten dollars is required.

The whole expense for the six weeks, including board, can be covered with seventy-five dollars.

The object of the directors of the school is to give the members of the class a broad view of the existing charities of New York, allow them to listen to and become acquainted with some of the best practical workers in the different cities of the United States, and stimulate them with a desire for future study and investigation along the lines of their own particular work.

In order to do this, each pupil at the beginning of the course was given a subject, which he was to investigate particularly and upon which he was to write a report. This in itself necessitated visits to the institutions in New York connected with the subject, acquaintance with the managers, and a correspondence with like institutions in other cities.

The instructors were men and women who are actually leading and doing the practical work in Boston, New York, Philadelphia, Baltimore, Chicago, and Buffalo. Each one of them spoke from the depth of his own experience, and with a hopefulness and enthusiasm that could not but awaken a like feeling in the listeners.

In addition to the morning lectures, the school was taken to the various public institutions of New York,—almshouse, workhouse, jail, reformatories, va-



cation schools, floating hospital, etc.,—and after each visit the workings of the place were discussed, the good and bad points shown, and comparisons made between these institutions and like ones in the home cities of the members of the class.

The class this year numbered thirty-four. The members came from all parts of the country. All were thoroughly interested men and women, many of them practical workers of some experience themselves. The opportunity to become thoroughly acquainted with them was a privilege in itself.

Remembering how often in hospital work the question came up as to how to advise this patient or that patient as to what he should do to better his home conditions, how his motherless children should be best cared for, what he should do himself until he was able to work, and the numberless other questions which the friendly relationship of the nurse makes it possible for the patient to ask, and realizing as never before the intimate relationship of medical to all other charities, I feel that a nurse who is doing either hospital or district work could not do better than take this six-weeks' course.

ANNA E. RUTHERFORD,  
301 North Charles Street, Baltimore, Md.

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DEAR EDITOR: One of my inseparables on private duty is the little ice-pick which I carry about with me, and which is such a convenience I should not know what to do without it. It is a small, sharp steel pick, just two inches long, and with a small, round nickel head. It comes in a little paper box marked "Old Doctor's System," twenty-five cents. The largest blocks of ice can be dismembered with it without noise, and for chipping ice for ice-bags, etc., laid on a soft cloth, the process of breaking up the ice is quite noiseless. I carry it with me when specialling private patients in hospital, as one does not always find it even in well-equipped hospitals, and the sound of ice being pounded or cracked with a large pick is most annoying and unnecessary, especially at night.

"SPECIAL NURSE."

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ANOTHER nurse writes: "Some time ago I learned a recipe for a patients' bath which I have found universally most acceptable to the sick one. Although a simple thing, I have never met another nurse who had learned it, and have given the recipe to many. As it conduces greatly to the pleasure and refreshment of the invalid, especially the chronic and incurable invalid, I thought it might be useful if I sent it to THE AMERICAN JOURNAL OF NURSING.

"To a basinful of warm or tepid water add a large handful of salt, coarse salt if it is obtainable, making a strong brine. Then add about a drachm each of aromatic spirits of ammonia and of spirits of camphor. The quantity, however, of these drugs may be increased or diminished according to the preference of the patient. An ounce of alcohol or some bay-rum may be added. This makes a mixture deliciously refreshing, tonic, and stimulating to the skin, and sedative in its general effects. My patients have always liked this so much for their sponge-bath that I hope some other nurses may find it helpful."



NORTON MEMORIAL INFIRMARY,

LOUISVILLE, KY., August 24, 1901.

DEAR MISS PALMER: A few weeks ago I wrote you in quest of a hospital position. With great promptness I received the address of two hospital vacancies. I wrote Miss Cartwright and received the appointment at the above-named infirmary. I like my position very much, and feel greatly indebted to you for your kindness, and take this opportunity of thanking you.

Yours, very sincerely,

HELEN KELLY.

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*To the Editor:*

I wish to make a strong plea that the different *alumnæ* associations devote special attention to the subject of parliamentary law during the coming winter, so that the delegates sent to the next annual convention may be able to interpret any constitutional questions which may arise.

If the delegates to the Buffalo Convention had been familiar either with the constitution of the National Association or with parliamentary law I do not think it possible that the following quotation could have been construed to mean a Nominating Committee of three:

"(c) The Nominating Committee shall be formed thus:

"Immediately after adjournment of the morning session of the first day of the annual meeting, the delegates of all the *alumnæ* associations present shall be called together, and the delegate of each State and Province shall elect one member. Delegates present from isolated *alumnæ* associations shall unite together to elect a member or members according to their number, which proportion shall be fixed by the Executive Committee and the vice-presidents who are in charge of the isolated *alumnæ*.

"The members thus elected shall constitute the Nominating Committee."

Respectfully submitted,

A DELEGATE.

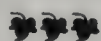
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WE hope nurses in private practice will use this department freely in sending *practical* nursing notes from their own experience. As soon as warranted, a special department, called "Practical Points from the Private Nurse," will be opened.—ED.





## EDITOR'S MISCELLANY



### FIRST CONTRIBUTION RECEIVED

GREAT things come from small beginnings, and the editor acknowledges with pleasure the receipt of what we believe may be the nucleus of a fund for the endowment of the chair in hospital economics at Teachers' College. The letter, which is anonymous, best tells its own story:

"The last number of THE AMERICAN JOURNAL OF NURSING, like every number which has preceded it, is full of interest. The JOURNAL is worthy the profession to which it is devoted, and is fully appreciated by its readers.

"I am sure we all approve of the suggestion of Miss Ida R. Palmer that we endow the chair in hospital economics at Teachers' College. Since I cannot do much, allow me the privilege of contributing my mite to the cause. Enclosed you will find two dollars.

"Very sincerely yours,

"A SUBSCRIBER,

"Beverly, Mass."

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### TRAINING-SCHOOL REPORTS SENT TO PARIS

A MONTH or so ago the request came to THE AMERICAN JOURNAL OF NURSING, through Mr. Devine, of the Charity Organization Society of New York City, for material upon hospital nursing and nurses' training in America to be sent to Paris, France, for use in compiling an official report ordered by the chief of the government department, "Assistance Publique." In compliance with the request, material was collected and sent as follows:

From six or eight large hospitals all printed forms relating to the admission and training of nurses, their schedules of work, of class and lecture courses, and rules of order and discipline; their orders of ward work and system from head nurse to orderly and ward maid; medicine lists, day and night orders, clothes lists, etc.; in this connection several training-schools sent day and night report-books, history charts, and medicine order-books showing the nurses' work in keeping these records. Various hospital and training-school reports were also sent, with early history of the establishment of the Training-School in Bellevue Hospital.

Reports were sent from a number of our graduate nurses' societies, as showing better than anything else the general character of the women in the nursing profession. Complete files were sent of the reports of the Superintendents' Society and those of the Associated Alumnae, with a bound volume of THE AMERICAN JOURNAL OF NURSING up to date. Lists of text-books in general use were provided.

It is much to be hoped that the French authorities may realize that, if any reformation is to take place in the nursing of hospitals, the first *sine qua non* is to put trained women in charge, with full power and responsibility. It will be interesting to learn what follows their report.



DR. JOHN V. L. PRUYN, of Bethlehem, N. H., one of the Executive Committee of the "Transvaal League of the Eastern States," has written the editor to know where, in this country, two young women with battlefield experience in the Boer War can receive additional training as nurses. Both speak English. One is a Hollander, who already holds a diploma; the other is from the Orange Free State, and is now a probationer in one of the Dutch hospitals.

The objection has been raised that women who have had so much experience make difficult pupils in a training-school, and while one readily sees the truth of this on general principles, still, we think if these young women wish to take such a long, expensive journey for the sake of an American training there should be at least one superintendent willing to risk a trial.

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### ASSOCIATION OF HOSPITAL SUPERINTENDENTS

It was a most unfortunate circumstance that the meetings of the National Council of Women in Buffalo, and the Association of Hospital Superintendents in New York, should have been held the week preceding the Congress of Nurses in Buffalo. The programmes of both of these conventions contained much of interest to nurses, but naturally, where time could only be given to one, our own Congress was chosen.

There are some few women members of the Association of Superintendents, but they are conspicuous by their absence in the programme of papers given below:

#### PROGRAMME OF THE CONFERENCE OF ASSOCIATION OF HOSPITAL SUPERINTENDENTS.

##### *Tuesday Morning, September 10.*

Opening prayer, by Rev. Cornelius L. Twing.

Addresses by Hon. Randolph Guggenheimer, President Municipal Council, New York City; Hon. John W. Keller, President Commissioners Public Charities, New York City; Hon. Stephen Smith, Commissioner State Board Charities, New York.

##### *Tuesday Afternoon, September 10.*

General business of the Conference.

Paper, "The Possibilities of a Hospital Superintendent's Personal Influence," by C. Irving Fisher, M.D., superintendent Presbyterian Hospital, New York City.

Discussion. Opened by James S. Knowles, formerly superintendent Lakeside Hospital, Cleveland, O.

Discussion. Speakers limited to ten minutes each.

Paper, "The Non-Resident Indigent Patient," by John Fehrenbatch, superintendent Cincinnati Hospital, Cincinnati, O.

Discussion. Opened by George T. Stewart, M.D., superintendent Bellevue Hospital, New York City.

Discussion. Speakers limited to ten minutes each.

##### *Wednesday Morning, September 11.*

General business of the Conference.

Paper, "The Relation of the State to the Hospital," by Byron M. Child, superintendent State and Alien Poor State Board of Charities, New York.



Discussion. Opened by J. R. Coddington, superintendent General Hospital, Elizabeth, N. J.

Discussion. Speakers limited to ten minutes each.

Paper, "The Hospital from the Stand-Point of the Visiting Physician," by H. A. Fairbairn, M.D., New York.

Discussion. Opened by A. W. Shaw, superintendent Harper Hospital, Detroit, Mich.

Discussion. Speakers limited to ten minutes each.

*Thursday Morning, September 12.*

General business of the Conference.

Paper, "Figures and Thoughts Regarding Hospitals and the Care of Charity Patients," by Del T. Sutton, editor *National Hospital Record*, Detroit, Mich.

Discussion. Opened by C. Irving Fisher, M.D., superintendent Presbyterian Hospital, New York City.

Discussion. By Daniel T. Test, superintendent Pennsylvania Hospital, Philadelphia, Pa.

Discussion. Speakers limited to ten minutes each.

Paper, "Hospitals of the Future," by Charles S. Howell, superintendent Western Pennsylvania Hospital, Pittsburg, Pa.

Discussion. Opened by J. T. Duryea, M.D., Kings County Hospital, Brooklyn, N. Y.

Discussion. Speakers limited to ten minutes each.

The social features were the annual dinner, excursions, inspection of hospitals, etc.

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#### NURSES WHO CARED FOR THE PRESIDENT

WE have the following from Miss Walters, superintendent of the Service Hospital at the Pan-American Exposition:

"On the day of the assassination of President McKinley all nurses in the hospital were on duty. They were Mrs. Elizabeth Dorchester, Buffalo General Hospital; Miss M. D. Barnes, St. Luke's Hospital, New York, at one time Mrs. Quintard's assistant; Miss Margaret C. Morris, St. Luke's Hospital, New York; Miss Katherine Simmons, Roosevelt Hospital, New York; Miss Rose Baron, Long Island College Hospital; Miss Mary E. Shannon, Cincinnati General Hospital.

"Misses Morris and Barnes prepared the operating-room, acting as sterile nurses, while the others, Misses Baron, Simmons, and Shannon and Mrs. Dorchester, assisted. Miss Simmons and Miss Barnes were with the President from the beginning and accompanied him to the Milburn house, remaining through the night until relieved by Miss Maud Mohan, a Canadian graduate of the Buffalo General Hospital, who has been Dr. Roswell Park's office nurse for more than two years. Miss Jennie Connelly, also a Buffalo General Graduate, Miss Hunt, who was with Mrs. McKinley, and Miss McKenzie, from the Johns Hopkins Hospital. The nurses were on eight-hour duty.



OCTOBER appointments, Pan-American Hospital:

Miss M. L. Davidson, Long Island College Hospital.

Miss Elizabeth Connor, Rochester City Hospital.

Miss Margaret McLaren, Rochester City Hospital.

Miss Margaret Michell, Cincinnati Jewish Hospital.

Miss Charity B. Babcock, Johns Hopkins Hospital.

Miss Anna Hadden, Orange Memorial.

Miss Katherine Simmons, of Roosevelt, New York, reappointed for another month in charge of the day nursery.

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A BRANCH of St. Barnabas's Guild has been organized on the West Side of Chicago, holding its monthly meetings at the Parish-House of the Church of the Epiphany. It is hoped that this may become a rallying-point for nurses from the various training-schools on the West Side.

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THE publishers will bind in one volume, full green vellum cloth, leather labels with gold lettering, sprinkled edges, the twelve numbers of the first year of THE AMERICAN JOURNAL OF NURSING for one dollar and fifty cents. The monthly numbers must be sent prepaid, and should be plainly marked with subscriber's name and addressed to THE AMERICAN JOURNAL OF NURSING, 227 South Sixth Street, Philadelphia.











MISS SOPHIA F. PALMER  
Editor-in-Chief of THE AMERICAN JOURNAL OF NURSING



# EDITORIAL COMMENT



## THE CONGRESS

THE Third International Congress has become an event of the past, but the influence of this great gathering of nurses from many countries will be felt until the end of time.

The programme of the meetings was carried out with few changes. It being the week of mourning for our late President McKinley, the sessions were conducted with dignity and an absence of levity befitting the occasion. Each society at its executive meeting opened its proceedings with the passage of a resolution of sympathy for Mrs. McKinley, and Mrs. George W. Townsend, president of the Woman's Educational and Industrial Union, prefaced her address of welcome to the Congress with the following beautiful and appropriate remarks:

"We meet under the shadow of a nation's grief, but there is a sad comfort in the thought that all good work must go on. I am reminded of the beautiful and significant epitaph to the great Wesley brothers in Westminster Abbey: 'God takes away the workers, but carries on the work.'"

Five hundred nurses entered their names in the register. The arrangements for the guests were most satisfactory, and that such a series of meetings, beginning on Monday morning and lasting until Saturday afternoon, were conducted without complication or confusion is a tribute to the fine organization of the Buffalo Nurses' Club and to Miss Damer, its president, who was the chairman of the Committee on Arrangements.

The presence of so large a delegation from other countries was a greatly added interest to the Congress, and they were a representative and most interesting body of women.

The final meeting, held in the Temple of Music at the Exposition grounds, was an occasion to be remembered for a lifetime. This magnificent great auditorium was filled to the walls when the meeting was called to order. The music of the organ gave the guests their first welcome. Mayor Diehl, of Buffalo, and Mrs. John Miller Horton gave the addresses of welcome, and the programme consisted of three papers by members of the foreign delegation, Mrs. Bedford Fenwick, of London, giving "A Plea for the Higher Education of Nurses," Miss Louise Stevenson, a delegate from the National Union of Women Workers of Great Britain and Ireland, speaking on similar lines, and Miss C. J. Wood, a delegate from thirteen societies of nurses in England, closing with "A Retrospect and a Forecast."

Miss Isla Stewart, president of the Matrons' Council of Great Britain and Ireland, bestowed upon Miss McIsaac the badge of honorary membership in that society, and the heart of every American nurse was filled with pride that the president of the Congress should be so honored. It was a pretty ceremony, to which Miss McIsaac responded gracefully, saying in part that, while she accepted with pleasure and gratification the honor done her in the bestowal of this badge, she also felt that the honor was not to herself alone, but was a tribute from the English nurse to the American nurses.



The exercises closed by the singing of "America," led by Brooke's Band, of Chicago.

A number of nurses in the uniform of different schools acted as ushers, adding much to the artistic effect. Captain Munson, with the men from the Hospital Corps of the United States Army stationed in the Exposition Grounds, were guests of the occasion, and after the meeting escorted the nurses across the plaza to the green behind the government buildings, where an exhibition of battle-field methods of removing the wounded was given and greatly appreciated by all present. The reception given by the Women's Board of Managers of the Pan-American Exposition was the closing event of the week, and in the attractive rooms of the Woman's Building old friends and new bade each other "good-by," with mutual expressions of regret that the Congress was over.

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### THE NEW YEAR

THE Congress of Nurses in Buffalo, coming at the close of our business year, has delayed the announcement of the plans for the JOURNAL until the November number, as it has been necessary that the Periodical Committee, the editorial staff, and the members of THE AMERICAN JOURNAL OF NURSING Company should confer together before these plans could be matured.

Moreover, those members of the JOURNAL committees who were officers of the Congress have been unable to give the necessary attention to this subject until the affairs of the Congress should be off their hands.

However, we do not feel that the welfare of the JOURNAL has suffered by this delay, as so much has been gained in its interest by the conference referred to and by the new friends and supporters that have been made for it by the Congress.

During the first year of the existence of THE AMERICAN JOURNAL OF NURSING the effort of those most interested has been to make the magazine a professional success.

This, we feel proud to say, has been accomplished, and our JOURNAL has earned the reputation of being dignified in character, and of having a high professional status on a broad educational basis.

Its professional success in this first year has been infinitely greater than had been anticipated by its supporters, and the need of the JOURNAL having been proven, its managers go forward with renewed courage and satisfaction, knowing that both the nursing and the general public are appreciating their efforts.

Such a journal as ours cannot be issued without a large outlay. There has been much hard labor and a free expenditure of money to bring the JOURNAL up to its present stage of development.

The JOURNAL has earned the cost of its own manufacture; by that we mean the cost of paper, printing, mailing, and business management, and the work of the editorial staff, as has been stated before in these pages, has been entirely gratuitous, with the exception of the services of the Editor-in-Chief since June first. THE AMERICAN JOURNAL OF NURSING Company, which it was necessary to organize that the JOURNAL should have a legalized financial backing, has paid the salary of the editor since that date.

Having established the professional reputation of the JOURNAL, more time must now be devoted to the business development of the enterprise, that the



editors and officers may be properly compensated for their work, and that all original articles may be paid for. In this we ask again for the coöperation of the *alumnæ* members.

No one of our large cities has yet been thoroughly canvassed. There are hundreds of nurses working along in their own quiet way who have never heard of the *JOURNAL*.

Systematic canvassing is to be provided for, but we ask each *alumnæ* member who is already a subscriber to do what she can in her own circle to increase the subscription-list.

We ask members of the *alumnæ* who are hospital superintendents to patronize our advertisers so far as lies within their power, and to recommend the *JOURNAL* as a valuable advertising medium to the dealers in hospital supplies with whom they are in the habit of transacting business.

There are to be some changes in the form of the *JOURNAL*, beginning with the present number, and in place of the large editorial staff there will be a number of collaborators, the list to include nearly all of the editors of the past year, with a number of well-known women whose names will be given in full in the next number.

One new department to be added in November we will mention as being of special interest,—that of “Notes from the Medical Press,” which will aim to give in condensed form such new methods and scientific medical facts as are necessary for the nurse in the most intelligent care of the sick. This department will be in charge of Miss Elizabeth R. Scovil, who needs no introduction to the nurses of this country.

We also ask our subscribers to make their renewals promptly as their year expires.

The present number of the *JOURNAL* has fewer pages than usual, but in reality contains the average amount of reading-matter because of the space gained in doing away with so many department headings, and in the use of a uniformly smaller type in all of the special departments, when the text is made up of items, or short papers. The *bulk* of the *JOURNAL* had gone to press before Congress week, and the editor was unable to judge of the number of pages that would be required by the secretaries of the different societies for their official reports, consequently she could not take advantage of the space gained by change of form to increase the contents of the *JOURNAL*, as it is intended to do in future.

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### THOSE QUACK NURSING-SCHOOLS

WE wish every nurse in the land might read Miss Dock's letter of protest against quack nursing-schools.

If we are overridden in our strife for a professional status for nurses, it will be because of the indifference of the masses in regard to everything outside of the little treadmill of private nursing. Go the world over, and there cannot be found a more intelligent, conscientious body of wage-earners than the women of the nursing profession,—reliable, painstaking, and trusted where other people's business is the one in hand, but indifferent to apathy towards the vital questions that threaten the very foundation of our professional standards. It may be self-abnegation, but we have all learned the lesson that charity *best* begins at home.



## MISS MARY E. P. DAVIS

BEHIND every successful enterprise there is always the guiding power of one strong mind,—a person who through his officers and subordinates plans the outline of action and makes the final decision in every question of doubt.

Such a person is usually felt more than he is seen.

The person representing the "power behind the throne" in the JOURNAL enterprise has been least before the public of all those interested in the scheme.

It needed the courage of Miss Mary E. P. Davis, chairman of the Periodical Committee of the Associated Alumnae and president and treasurer of THE AMERICAN JOURNAL OF NURSING Company, to give the JOURNAL life. To her undaunted courage, her business ability, and organizing power the JOURNAL owes its start.

Before the first number was issued she had obtained hundreds of subscribers, thus securing a fund to meet the expenses of the first numbers.

Miss Davis is by birth a native of New Brunswick, but has claimed Boston as her home for more than a quarter of a century. She graduated from the Training-School for Nurses connected with the Massachusetts General Hospital in the Class of '78, and has engaged in every kind of nursing work, her most important position having been that of superintendent of the Hospital of the University of Pennsylvania, Philadelphia, which position she held for ten years, and it was during her administration that this hospital was reorganized and enlarged. Miss Davis has been conspicuous in the nursing progress of the day, and has held office in both of our national organizations.

The editor graduated in the same class with Miss Davis, since which time they have been warm friends.

She has had experience both in private nursing and executive positions, and claims to bring to the JOURNAL, in addition to a varied professional experience, but one talent,—a capacity for sustained drudgery, which is an inheritance from a long line of New England ancestors.

No one person can claim credit for the literary success of the JOURNAL, as many minds have contributed to it, the opportunity only being needed for the latent ability in the profession to manifest itself.

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CONGRESS PAPERS

HAVING devoted the entire September number to Congress matters, we have delayed the October number only long enough to include the reports of the official proceedings of the different societies represented and the addresses of Miss McIsaac and Mrs. Fenwick. The Congress papers are all to appear in the JOURNAL during the year, and will be gotten out in book form, with the discussions, later on; but this work, which is in the hands of the Congress Committee, must necessarily take some time, and we will announce in a later number where orders may be sent for this volume. Every nurse who attended the Congress will certainly wish to own this book, and no training-school library will be complete without it.

It is not our intention to follow the Congress programme in giving the papers, but to select them with reference to both classes of readers—the hospital superintendent and the private nurse. In the November number we shall give the two papers on "Opportunities and Responsibilities of the Graduate Nurse of To-Day," the first paper by Miss K. de Witte, of Chicago, Ill.; the second paper by Miss Linda Richards, of Taunton, Mass., the pioneer nurse of America, also a paper by Mrs. Rogers, of Bridgeport, Conn., on "Private Nursing Hours, Remuneration, etc."









Miss McGahey, Sydney, Aus. Miss Wood, London Miss Arkle, Australia Miss Hughes, England Miss Mollett, England Miss Cartwright, London Miss Waind, England  
Mrs. Bedford-Fenwick, Lon. Miss McIsaac, Chicago Miss Keating, Buffalo Miss Damer, Buffalo Miss Banfield, Phila. Miss Sniveley, Toronto

FOREIGN DELEGATES AND OFFICERS  
International Congress of Nurses, Buffalo, September 18-21, 1901



# THE AMERICAN JOURNAL OF NURSING

VOL. II

NOVEMBER, 1901

NO. 2

## THE OPPORTUNITY AND RESPONSIBILITY OF THE GRADUATE NURSE OF TO-DAY

[The following papers were read at the Congress in Buffalo on the afternoon of Thursday, September 19, 1901. The discussion was curtailed because of the early adjournment on account of the funeral of President McKinley.—Ed.]

### FIRST PAPER

By KATHERINE DEWITT

Illinois Training-School, Chicago

THE question of opportunity is not a difficult one. The problems which are facing the nursing world are of such importance, are so much in evidence, and are so insistent that a nurse must be blind and deaf who is ignorant of their existence. The thinkers and workers in the nursing profession all over the world are considering the questions of registration, preliminary training, teachers' courses, uniformity of education, combinations of small or special hospitals, post-graduate work, and the maintenance of alumnae associations. These and similar themes press closely upon us and demand attention. The difficulty lies in the question of responsibility. Who should bear it?

Graduate nurses may be divided into three classes—those who hold hospital positions, those who do private nursing, and those who have married or have for other reasons retired into private life. Their interest in nursing affairs dwindles as they get farther away in space or time from their place of training. Very few who have given up nursing work retain more than a vague interest in our doings. Those who do, those who hold the motto, "Once a nurse, always a nurse," are the most valuable of workers. They often have more leisure for thinking, more



time to devote to official responsibilities, and a broader view of affairs than those who are still in the ranks.

Private nurses have been in the past a most self-absorbed and indifferent body of women, thinking only of their personal aims and interests, caring little for their fellows. Those who have held hospital positions, especially hospital superintendents, being in constant touch with nursing affairs and seeing the abuses which need reform, have been the pioneers in all progressive movements and have labored almost alone. The alumnae associations, growing in all directions, are beginning to get hold of the scattered private nurses and to arouse their interest, but *all* graduate nurses, in whatever walk in life, have opportunities which should appeal to them—responsibilities which they should not shirk.

We are said to be heirs of the ages. Trained nurses of to-day are heirs of very difficult pioneer work, done by a band of energetic, efficient workers whose toil has been so effective that what would seem to require a century to bring about has been done in a third of that time. We come into line and find modern hospitals, well equipped, with training-schools attached, where nurses are taught in both theoretical and practical work. Are we to drink in all the knowledge offered us and devote the strength derived therefrom to concerns which affect ourselves alone? To do this is to miss the opportunity of doing our share of the world's work and results in narrowness and in imperfect development. It is most exasperating to the leaders in any line of work to see about them those who could be their helpers but who will not exert themselves. These are they who sit back and criticise the often faulty work done by others. Perhaps the work is faulty through lack of help which they could have given. Perhaps they think that if their own personal work is well done they have fulfilled their duty. They fail to realize that those who are not helping are hindering; that affairs of moment which will affect them personally in time are hanging in the balance, and that the influence of each person counts in the final turning of the scale.

Emerson says: "If you act, you show character; if you sit still, you show it. You think because you have spoken nothing when others spoke, and have given no opinion on the times, that your verdict is still expected with curiosity as a reserved wisdom. Far otherwise; your silence answers very loud. You have no oracle to utter, and your fellow-men have learned that you cannot help them."

There is a class of beings, not intentionally lazy or selfish, but of a timid, retiring disposition, who think they are unfitted by nature to



“speak in meeting” or to write papers, and that therefore they are of no value and must be counted out.

Yet these services, though conspicuous, are not the most useful. The nurse who thinks and reads and gains a clear idea of the standards for which we are striving is a help. She who in her daily life improves the opportunities of talking with and interesting other nurses is a help. To one who is alert many occasions will arise in which she may be of service, and she may, by her presence and interest, be of aid in meetings in which she takes no active part.

I wish I could tell at length the story of a member of my own Alumnae Association, one of the “quiet sort.” She is married, she is in ill-health, she is an exile from home—excellent excuses for dropping out of sight; yet every alumnae officer, every nurse-acquaintance, feels the inspiration which comes from her eager interest and unswerving loyalty. She is the kind of person who never forgets when her dues should be paid, who does not neglect to send in any change in her address, who responds promptly to any appeal made to our members in general. When our new nursing journal was contemplated, and we realized that it must have a goodly number of subscribers to make a start, she, in a land of strangers, secured five subscriptions. Do these things seem trifles? They are the trifles which count. An alumnae association whose members were all animated by her spirit could work wonders.

I once heard an enthusiastic young minister, speaking of missions to some college students, say: “When we get to the Heavenly Jerusalem and hang our battered armor on the jasper walls and look back on the conflicts we have been waging, we shall say, ‘I’m glad I was in that battle.’” How is it with us? When the first number of our nursing journal appeared, those who had wrestled with the problem of getting it started, those who had given what they could to help establish it, those who had written for it, those who had skirmished for subscribers for it, could look upon it with joy and pride and say: “I am glad I was in that battle.” When the army nursing bill had been passed by Congress, those who had seen ills in the nursing service and had striven to remedy them, those who had borne unpleasant testimony for conscience’s sake, those who had worked early and late to rouse interest in the measure, could give a sigh of relief and say: “I am glad I was in that battle.”

Shall we fold our hands while others do the fighting? No! The battle is still on. Let us be thankful that the interesting part of the struggle is not over and that we may have a hand in it. Let us try to earn the right to enjoy the glow of pleasure which comes, when the battle is over, to those who have helped win the victory.



## SECOND PAPER

BY LINDA RICHARDS

Taunton, Mass.

If it is true that the responsibility of a community, a body, or an individual is measured by opportunity, the graduate nurse of to-day carries a burden which no one can call light,—a burden much heavier, I fear, than is realized by the majority of nurses.

Were we to ask the average graduate if she considers her advantages while in the training-school great, we might be surprised to hear in reply that she felt her opportunities to have been few, and not at all what she had expected or thought hers by right, and that she, as a matter of fact, considered her advantages as having been inferior to what they should have been, so prone is the human mind to fail to recognize present blessings in the attempt to catch sight of some fancied advantage not within reach.

To enable us to fully realize the opportunities of nurses recently graduated and of those still in training, let us enumerate a few of the more prominent.

In any well-regulated training-school of the present time we will find as a first requisite a superintendent of the school who is a graduate nurse, a woman having graduated from a school well known and of good report, and who has been chosen because of her fitness for the position.

If the school is connected with a large hospital, or if it is a school giving a three-years' course, graduate nurses will be found in charge of wards, thus giving the pupil-nurses the advantage of excellent instruction in their practical work, as well as superior teaching in the class- and lecture-room.

Text-books, many and varied, for class-work and reference—books especially adapted to the needs of nurses in training—are at her command. Many of these have been compiled by graduate nurses and superintendents of training-schools. A well-defined course of study, which (thanks to the Superintendents' Association) is now fairly uniform, will be found in all large training-schools. Added to this is given instruction in special branches, as some knowledge of dietetics, with practical instruction in the preparation of foods for the sick; hydrotherapy, limited largely to the giving of the various kinds of baths, care and use of the electric-battery, massage and physical culture, the application of heat by the latest and most approved methods, and a knowledge of bacteriology, with the different methods employed in destroying germs. These are a few of the many subjects which are taught in the training-



schools of the present day, and upon which nurses are required to pass a satisfactory examination before graduating.

Each branch is taught by an expert, thus giving pupils the surety of being well and uniformly instructed.

Demonstrations in modern methods of medical and surgical nursing, which are free to all nurses, are given by some of the larger hospitals, and these public demonstrations are of great value to nurses who have left the hospital and are in danger of growing rusty, and also to those who are still pupils in schools connected with smaller hospitals giving a more limited course of instruction.

Lecture courses for the benefit of private nurses are often provided by the *alumnæ* of the school or by some graduate nurses' association which are open to all graduates for membership and consequent advantages.

Nurses' clubs have been organized by some schools. Connecting-links they are between the pupil-nurses and graduates, and productive of good in giving help and creating a feeling of unity.

The school *alumnæ*, of which nearly every school of any standing boasts, and of which the national *alumnæ* is an outgrowth, and which may be likened to the powerful oak grown from the tiny acorn.

The Nurses' Home, where nurses tired with the trying duties of the ward can go for rest and quiet. Nor would we forget that it was through the generosity of one noble woman that the first home for nurses in America was built, and so well has her example been followed that few indeed are the hospitals which have not a "Nurses' Home."

The Society of Superintendents of Training-Schools, which has during its few years of existence accomplished so much for the nursing profession and, through the different schools, for under-graduates as well. It is because of the existence of this society that we have an approach to a universal curriculum, which will in time be found in use in all schools, and because of which all graduates will stand upon common ground.

It is through the influence of this society that the narrow school feeling is giving place to the broader interest in nursing as a profession. All these advantages have been instrumental in placing the nursing profession in America upon a higher level, thus adding to its strength and power.

It is also through the efforts of this society that we have to-day the special course in hospital economics in connection with Columbia College, from which two classes have been graduated. Already are the benefits derived from the course so apparent that one feels like prophesying that the time is not far distant when to be able to secure a position as superin-



tendent of a training-school a diploma from this special course will be a necessity.

For a long time the need of a periodical especially adapted to the wants of nurses had been recognized, and the sentiment that only nurses who were thoroughly conversant with the needs of nurses could meet the demand grew daily stronger, and to-day we have *THE AMERICAN JOURNAL OF NURSING*, and this long-felt need has been satisfactorily met.

Each year has given added opportunities, and so quietly have they come that those not concerned in bringing them about fail to detect them.

Opportunities of which the most optimistic nurse of twenty-five years ago would not have dreamed are now open to the pupil-nurse, and this without her effort or thought.

To prove that these advantages are real and great, let us compare the advantages just enumerated with those of the earliest pupils, who, when they entered the training-school, found there no graduate superintendent, no trained nurses in charge of wards to instruct them in practical duties, no class instruction was given, and in most things they were their own teachers. Lectures were given irregularly, no notes upon them being expected. They were required to know but little, and walked by faith, not by sight. But meagre as the instruction was, the pupils were taught that from the time they entered the training-school to the end of their life they would be considered as persons of great and grave responsibility.

And if nurses trained under the conditions just mentioned were given such a burden of responsibility, what shall be said of the nurse who graduates with the numberless advantages of the present day?

Is it not just that more and better results be expected of her than of her less favored sister? Surely yes. The nurse of the present time is to be congratulated because of her many and varied privileges. But she is to constantly remember that hand in hand with these come heavy responsibilities. The first she will joyfully welcome. The last must be conscientiously borne.

Does some one ask, What are these responsibilities? The reply must be, Their name is legion. Two or three stand out so prominently that they almost name themselves. Let the nurse of to-day consider it her solemn duty to raise the standard ever higher. Let her keep in touch with every advanced movement. Let each year's work exceed in excellence that of the preceding year. Let her show to the world that her profession is one of the grandest, and that she is an honor to it. Let her prove a help and blessing wherever she is found.

The eyes of the world are upon her, and great things are expected



of her. Let her always carry this thought, "To whom much is given, of him is much required."

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#### DISCUSSION.

MRS. BEDFORD FENWICK opened the discussion on these two papers, saying in part: "I think it was Mrs. Robb who said 'Once a nurse, always a nurse,' and I think both she and I feel very strongly the principle of that. It is not given to every one who leaves her school and active practice to do public work. Women who marry have many other duties, especially those who have families, and it is not always possible for them to take a very active part in nursing matters.

"After listening to Miss Richards's most excellent paper, it seems almost incredible that it was only nine short years ago that I came to the States for the first time, and had the opportunity of visiting the Johns Hopkins Hospital, where Mrs. Robb, then Miss Hampton, was superintendent of the Training-School. It seems to me almost impossible that nine years should have brought about such changes in the profession of nursing in America. In 1892-3 there was no organization of nurses in the United States. To-day Miss Richards has shown us the wonderful progress that has been made, especially in regard to organization. It is a most hopeful and encouraging report that has been placed before us, but, of course, all of this could not have been accomplished if a few of the old war-horses had not taken the matter in hand and with arduous work carried it through.

"Now it appears to me that you are so far advanced in this work in this country that the whole profession of nursing can take a part in the government in the United States. We in Great Britain are going along in very much the same lines, but it takes us longer to organize, because we are older and have more prejudices to uproot and overthrow.

"I have no doubt but that in a very short time there will be an international organization representing nurses from all over the world, and that what is accomplished in one country will benefit nurses in all the other countries.

"As a nurse who has taken up professional journalism, not from any talent or particular desire, but merely to get the work done and to voice the needs of the nurses in England, I would like to say a few words of congratulation to those who have instituted and organized THE AMERICAN JOURNAL OF NURSING, a publication which must do an immense amount of good for the nursing profession in all of the English-speaking countries of the world. I hope that after this Congress it will increase its circulation very much in England, Great Britain, and the Colonies, and that we shall have the work of your able editor, Miss Palmer. I speak very feelingly upon this subject of professional journalism, because I know the arduous work it takes to interest people in this class of journals. It takes a very great deal of patience and courage to edit such a journal, and wait the necessary time to see it a success."

MISS EARLY, of the Frederick Douglas Memorial Hospital of Philadelphia (colored), said in part: "I would like to advocate the three-years' training. I did not have it myself, for the simple reason that my school was small. I had two-years' training, graduating in the Class of '99, and have been in the hospital for seven months as matron. I feel the need of the third year. We try to get women who are graduates from high-schools or who have had a good education, but there is too much crowded into the two-years' course. After serving twelve hours in the wards, pupils are too tired to listen to lectures or attend classes. If it were not for the nursing journals, we would be behind in a great many



things. I would say that *THE AMERICAN JOURNAL OF NURSING* is fine, also that *The Trained Nurse* is fine, and I read them both a great deal.

"I have been greatly benefited by this Congress. My mind has been broadened and I am confident that I am better able to go out and be what a trained nurse of to-day should be, because of it."

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## PRIVATE NURSING \*

By MARGARET L. ROGERS

Superintendent of Nursing, Bridgeport Hospital, Conn.

OF all the professions now open to women there is none possessing the possibilities of nursing. The deeper our medical men penetrate into the science of medicine, the wider grows the horizon of the trained nurse.

Scarcely a quarter of a century ago the physician regarded her advent with a feeling of distrust, fearful that as soon as her training was completed she would proceed to the practice of medicine and in time share, if not entirely absorb, his circle of patients. Time has proved the fallacy of that idea, until to-day the reputable physician refuses to take a serious case unless the responsibility is shared by a competent nurse.

As a character-builder the training-school has no equal; I think it is its prevailing atmosphere of unselfishness which causes all the tiny germs of good that have long lain dormant in our natures to develop and helps us in time to overcome our most glaring errors. The regular routine, the unity of purpose, the absolute rule of willing subjects, leave their mark for all time upon the character and disposition of its pupils; and they must, because of this discipline, go forth better women, better equipped for the battle of life, whether to grace homes of their own or to become the temporary members of the homes of the suffering.

In the present day there are many fields in which the nurse may find an outlet for her activities. The need of hospitals, the demand in the army, and the increasing growth of district and settlement work give a choice of usefulness unknown to her sister of a few years past. However, it is in private nursing that the large majority find an opening most suited to their capabilities. The reason for this is because of the great pleasure in personal ministration. In other branches of the work, owing to lack of time or the inability to be in many places at the same time, one's work is apt to become largely that of the teacher and the guide, and the joy of personally making "a little comfortable the uncomfortable way" is seldom tasted.

\* Read at the International Congress of Nurses, Buffalo, September 18-21, 1901.



From the financial stand-point the private nurse is paid better than any other; if she is an active worker, she can be busy from nine to ten months in the year. She has the advantage of being absolutely free when she is free. Unfortunately, she cannot ever hope to increase her salary; she is worth as much when she takes her first case as when she takes one ten years hence. While experience adds greatly to her worth, it does not add to her financial value. The most she can ever hope to do is to "become established,"—to have her own little coteries of patients and physicians to whom she is absolutely indispensable.

In the larger cities in this country the remuneration for private nursing is almost uniform, twenty-five dollars per week, or four dollars per day, being the average salary. Some nurses, and, indeed, some hospitals, ask thirty dollars per week, or five dollars per day, for nursing male patients, still others make a distinction in obstetrical work, and I think all nurses in all places make an extra charge for contagious cases. In the smaller cities prices range from eighteen dollars to twenty-one dollars per week, but as living expenses are comparatively lower the difference is not so great as it appears at first thought. The question of hours is still worth considering. The nurse in the large cities does not feel this to any great extent, as in almost all cases requiring care at night twelve-hour duty is an established custom.

But in the smaller cities even people who can afford all sorts of luxuries feel that unless a nurse's training has done away with the necessity for sleep it has failed in its purpose. A few days ago I heard a physician remark that Miss B. was an excellent nurse, as she had gone seventy-two hours without sleep. Of course, he was a very young physician.

Nurses, no matter where their homes may be, usually locate in the city where they have taken their training. It would almost seem, when we consider the large classes which are graduated annually in hospital centres, that the supply would be greater than the demand. But this is not the case; the demand is constantly on the increase.

The family of moderate income, which a few years ago did its own nursing, now finds it impossible to get along without trained assistance. The family of affluence, which formerly employed one nurse, now finds it necessary to employ two or three. So that while hospital and club registers show an increased number of graduates on their lists, they show a corresponding increase in the number of calls.

The larger cities possess the attraction of affording a greater choice of work. Indeed, it is becoming popular to take up special lines of work. The movement has thus far met with the hearty approval of physicians and patients. It could hardly be otherwise, as the concentration of mind and effort in a given direction, if a nurse is at all progressive, must



result in an added usefulness, and at the same time these special cases would require sufficient regular care to prevent her from growing rusty in general work. "Nervous cases," "children's diseases," "gynæcological" and "obstetrical" work all afford opportunities for the "specialist."

Many young nurses from the smaller hospitals in the United States and Canada, ambitious to enlarge their views and come in contact with the "great in medicine," gravitate towards the larger cities and in time become members of the great army of workers. For such the private hospital and sanatorium afford the needed stepping-stones. These institutions employ only graduate nurses, and pay them a salary of about twenty-five dollars a month and, of course, living. This seems very small compensation for very hard work, but it supplies the means of present support and brings a nurse in contact with prominent physicians, who in turn become the medium through which she reaches her sick public.

The private nurse enjoys many advantages over other wage-earners. She is protected, and she is almost always brought in contact with refined, intellectual people, and is forced to talk of other things than nursing. We all have a tendency to get into the "professional rut," or, perhaps, it would be truer to say we are very deep in the "professional rut" when we leave the training-school, the world having narrowed down for most of us to the four walls of the hospital, and this coming in contact with other minds who are absorbed in social, religious, political, scientific, and philanthropic subjects stimulates our own intellects and, of necessity, widens our mental horizon. Of course, we occasionally come in contact with very unlovely people, for the snob and the parvenu are not exempt from bodily ailments. We should take this as a much-needed discipline to reduce us to a proper state of humility, for I think with continuous prosperous and pleasant cases most of us are apt to grow critical and exacting and "refuse to see the sun."

If you are a student of human nature or interested in "class problems," what a glorious opportunity for continuing your researches. You not only see how the other half lives, but you actually live like them.

The experience under doctors of different schools is pleasant and instructive. To our physicians we are simply individual nurses. To outside men we represent our school, and it is judged for or against according to our merits, so that there is a double incentive for well-doing.

The greatest disadvantage is the absence of home life, the never being able to make settled plans. Rooming conditions in this country, with the spasmodic boarding nurses are obliged to indulge in, are, indeed, not pleasant subjects for contemplation. The club will in time fill this most pregnant need. I have been fortunate enough to enjoy the privileges of one for a short time, and the refined, cultured home atmosphere with





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which the nurses had succeeded in surrounding themselves was most agreeable and made home-coming a distinct pleasure.

Of its financial advantages I need not speak, as in this day of "com-bines" and "trusts" they are too apparent to need mention.

The question is often asked, What are the requisites to make the ideal private nurse?

To my mind there can be no fixed standard to which we can appeal, as the vagaries of taste are infinite and often quite inexplicable. Con-vention, education, accident, and idiosyncrasy all play an important part. I do think it is an absolute necessity to love and believe in your work in order to attain any degree of success in it. And why not believe in it? Surely outside of the home it is the noblest work left to women and re-quires a many-sided culture. The heights and depths of human nature must be within the range of your vision; you must have a knowledge not learned of books; a wide sympathy; the strength that springs from sympathy and the magnanimity of strength. You must be a doer of deeds preferably, not a speaker of words. You may not attain what the world calls success, but you will attain a truer success. It is not only what we have done, but what we have made of ourselves. If we have repressed our individuality, cultivated much selfishness, criticism, and gossip, and closed our eyes and our hearts to all altruism, then our lives have been failures and our influence, like all things false, will be suicidal and transitory, less than "the snow upon the desert's dusty face, which, lighting a little hour or two, is gone." To attain the truest success we must soak in the waters of unselfishness, be vitalized from within with a true love for our profession, and realize in ourselves the best we are capable of, and of she "to whom much has been given, much will be required."

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**A COLLECT FOR THANKSGIVING DAY.**

. . . . .  
FATHER of Life, I thank Thee, too,  
For old acquaintance, near and true—  
For friends who came into my day  
And took the loneliness away.  
For faith that held on to the last,  
For all sweet memories of the past—  
Dear memories of my dead that send  
Long thoughts of life, and of life's end—  
That make me know the light conceals  
A deeper world than it reveals.

—EDWIN MARKHAM, *in the Boston Transcript.*



## THE JANE CLUB OF HULL HOUSE

BY ELIZA P. WHITCOMBE

Chicago

"JANE CLUB is," to quote the words of the *Hull House Bulletin*, "a club of young women for coöperative housekeeping. The weekly dues of three dollars include board and lodging. Application for membership may be made through one of the officers or through individual members of the club. The officers are, president, vice-president, secretary, treasurer, stewardess, and librarian."

These are the facts of the case in a nutshell. But possibly some who read this might like them taken out of the shell and spread before them for closer observation and investigation. I will go back, then, nine years, for so old was the club last May.

At Miss Addams's suggestion, and with inestimable help from her in planning and arranging, and, indeed, with very material help also in the beginning, seven working-girls, sick of the poor boarding-house fare and accommodation which their slender purses afforded, decided to rent a flat in the vicinity of Hull House and try the plan of coöperative housekeeping. That it has gone on unbrokenly for nine years, of course, with many ups and downs: days of opulence, with money in the bank, when loans from Hull House were repaid and when money was even given by the club; days of veritable church-mousiness, when assessments were levied on all members to meet the big, staring bills which must be paid as long as eating and keeping warm and comfortable are necessities for living; days when no cook nor household help seemed to be obtainable for love or money and we did the work ourselves; days "when all went merry as a marriage bell;" days when "sweet bells out of tune" seemed to be the order of the day,—that the club has existed and thriven for nine years through all such sweet and harrowing experiences is surely a test of its success.

From the beginning Jane Club has been coöperative and self-supporting. The officers are members of the club, elected in January and July to serve for six months, and all service as officers is gratuitous. The offices of president, stewardess, and treasurer are particularly onerous ones; and I think it speaks well for the real desire for the welfare of the club on the part of the members that someone is always to be found who is willing to hold the office should she be elected. There is always the consolation (and no one who has not held such an office knows how great this consolation can really be at times) that it is only for one term, for no one can be elected to the same office twice in succession.





PARLORS IN THE JANE CLUB







I notice that when people ask questions about the club they always say: "What are your conditions for membership? What rules and regulations have you for the internal management of the club? Who does the work of the house?" And some very stupid people (I am sure they deserve the name), after being told that the club is self-supporting and coöperative, say, "How very nice this is, and do you have anything to pay—any rent or anything?" One feels inclined to say, "No, madam, we pay nothing whatever because we are *self-supporting and coöperative*."

But to answer the questions, for since the first three are asked by nearly everybody and are really sane and legitimate questions, they would probably be asked by readers of this article were they visiting the house. To the first question I would say that applicants for membership must be between the ages of eighteen and forty-five, unmarried or widows without dependent children, must be self-supporting, and must furnish two references, which are looked up by the president. If these are satisfactory, the application, signed by two members of the club, is posted for three days on the club bulletin-board and is voted on at the next regular meeting. The member must sign the constitution and pay an initiation fee of one dollar. After this three dollars per week pays for board and lodging, but in case of necessity an assessment may be levied by a vote of the club.

The internal rules and regulations are few. Every member is expected to attend the regular meetings of the club, which are held twice a month and at which all business is discussed. No member may be absent from more than two successive meetings without payment of a fine unless the reason be sickness, absence from town, or overtime work.

All complaints about management of the house must be made to the House Committee, which consists of the president, stewardess, and treasurer and meets every week. All complaints or suggestions as to the bill-of-fare must be made to the stewardess.

Visitors (friends of members) are charged at the rate of fifteen cents a meal and fifteen cents a night, or if staying for a week or longer at the rate of four dollars per week.

The work of the house is done by a cook and two maids, the members having the daily care of their rooms, which are thoroughly cleaned, however, once a week by the maids. The house-linen is washed in the house (we have a laundry with stationary tubs and patent dryer), but the members are responsible for their personal laundry.

For seven years the club was situated in a house of flats at the other end of our present street, but two years ago a beautiful house was built for us by a friend of Hull House. It was given to Hull House and we rent it from them, the rent helping to maintain the day-nursery there.



Our house accommodates thirty members. (Once in the old house we had fifty, but found that this number was unwieldy and that the club lost its home-like atmosphere.) Eight members occupy double and the rest single rooms. We had four double rooms in case there should be sisters or friends who might wish to room together.

I think we have one advantage which a club for nurses or for any set of people of the same occupation can never have: that is, that we have all sorts and conditions of people,—I mean, people of all sorts and conditions of occupation. This must, I think, tend to broaden the interests, which, after all, is what makes for real living. *N'est ce pas?*

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## HOW TRAINED NURSING BEGAN IN AMERICA

[In connection with the Congress papers which show the heights to which trained nursing has attained, histories of the pioneer schools are of especial interest at this time. Later we shall give a sketch of the early work of the Boston Training-School connected with the Massachusetts General Hospital, prepared by Mrs. Curtis and Miss Denny, members of the original Board of Managers.—ED.]

### AT THE NEW ENGLAND HOSPITAL

BY LINDA RICHARDS

On the first day of September, 1872, the doors of the New England Hospital (then on Florence Street, Boston, Mass.) opened to admit a class of five nurses entering the school that day organized. Its organizer and originator was Susan Dimock, M.D., who after graduating from a medical school in America had spent four years in study in Germany. The larger part of the last year of the four had been spent in Kaiserswerth, and she had taken special pains to learn the system of nursing under the deaconesses there. As there were no graduate nurses in America at that time, Dr. Dimock, then a young woman of twenty-eight years, assumed the charge of the school as well as that of the hospital. The hospital had a capacity of thirty beds. Two weeks after the opening of the school the patients were moved to the new hospital, which accommodated seventy-two patients. These were medical, surgical, obstetrical, and sick children. The course was one year. Three months were devoted to medical, three to surgical, three to obstetrical nursing, and one to the care of sick children. Two months were spent on night duty. There were in the hospital two *experienced nurses*, but these were not allowed to teach the pupils, as Dr. Dimock, a progressive woman, believed in new





A CORNER IN THE DINING-ROOM, JANE CLUB







methods. So each nurse was installed in charge of her ward with someone from outside to help her. No class-work was required. Lectures were given during the winter months, but notes were not required. At the end of the year diplomas were awarded, only one being given on September 1, 1873. Other nurses had time to make up for sickness. At the end of the first six months four additional nurses were admitted to the school, these last four making a class by themselves. The commencement of the second year found one of the graduate nurses installed as head nurse and instructor of nurses, and class work was commenced. The school term was lengthened to sixteen months. When the second class graduated a second head nurse was retained, thus giving one to the obstetrical work and one for the general work. These nurses were responsible to the superintendent of the hospital. When the school was five years old it had a graduate superintendent of nurses, with two head nurse graduates, and a course of eighteen months, the nurses serving one month in the diet kitchen at the hospital and one in district work in the city, this work in connection with the dispensary of the New England Hospital on Fayette Street, Boston. The school now had grown to fifteen pupils, two graduate head nurses, and a superintendent of training-school. Soon after this a small cottage was purchased not far from the hospital and was fitted up for a contagious ward, and nurses had training in contagious cases excepting diphtheria and small-pox. The school was increased to meet the demand. In 1890 a new maternity building was erected and the old one remodelled into a home for nurses, and the school again added to its members till it numbered twenty pupils. In 1893 the school term was lengthened to two years, and in 1901 to three years, and in 1899 a new and very complete surgical building was added, and this made a demand for additional nurses, so that to-day the number is about twenty-five, exclusive of graduate head nurses.

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## **HISTORY OF THE REFORM IN NURSING IN BELLEVUE HOSPITAL**

COMPILED BY L. L. DOCK

REPORT OF THE HOSPITAL VISITING COMMITTEE OF THE STATE CHARITIES  
AID ASSOCIATION.

December 23, 1872.

The association began its work in New York City through its Local Visiting Committee for Bellevue Hospital in 1871. . . . The members of the Bellevue Association could not patiently witness the ignorance and brutality which daily fell under their eyes, and they applied to the Commissioners of Charities for permission to establish a school for nurses at



Bellevue. The Commissioners replied to their appeal by referring the subject to the Medical Board for decision. Dr. Gill Wylie, formerly one of the resident staff of Bellevue and now a member of the Hospital Committee of the State Charities Aid, volunteered to visit England and the Continent at his own expense and study the system of nursing as practised in the schools and hospitals of those countries. After an absence of three months, exclusively devoted to this work, he returned and made a most interesting report to the association, from which we quote as follows:

“The name of Florence Nightingale is as familiar to Americans as to Englishmen. We connect it with the memories of the Crimean War and with hospitals elsewhere, and yet how few of us know anything of her real work. After the Crimean War her grateful countrymen subscribed a large sum of money at a public meeting as a memorial of her services, and at her request this sum was devoted to the foundation of an ‘Institution for the Training, Sustenance, and Protection of Nurses and Hospital Attendants.’

“This institution was established at St. Thomas’s Hospital, London, and from time to time during the last twelve years women trained in this school have been sent to all parts of England and her colonies as superintendents, matrons, and training-nurses in hospitals. The main points of the system have been adopted in nearly all the hospitals of London and the other large towns in England, while here, at this late date, the subject is only just beginning to inspire interest.

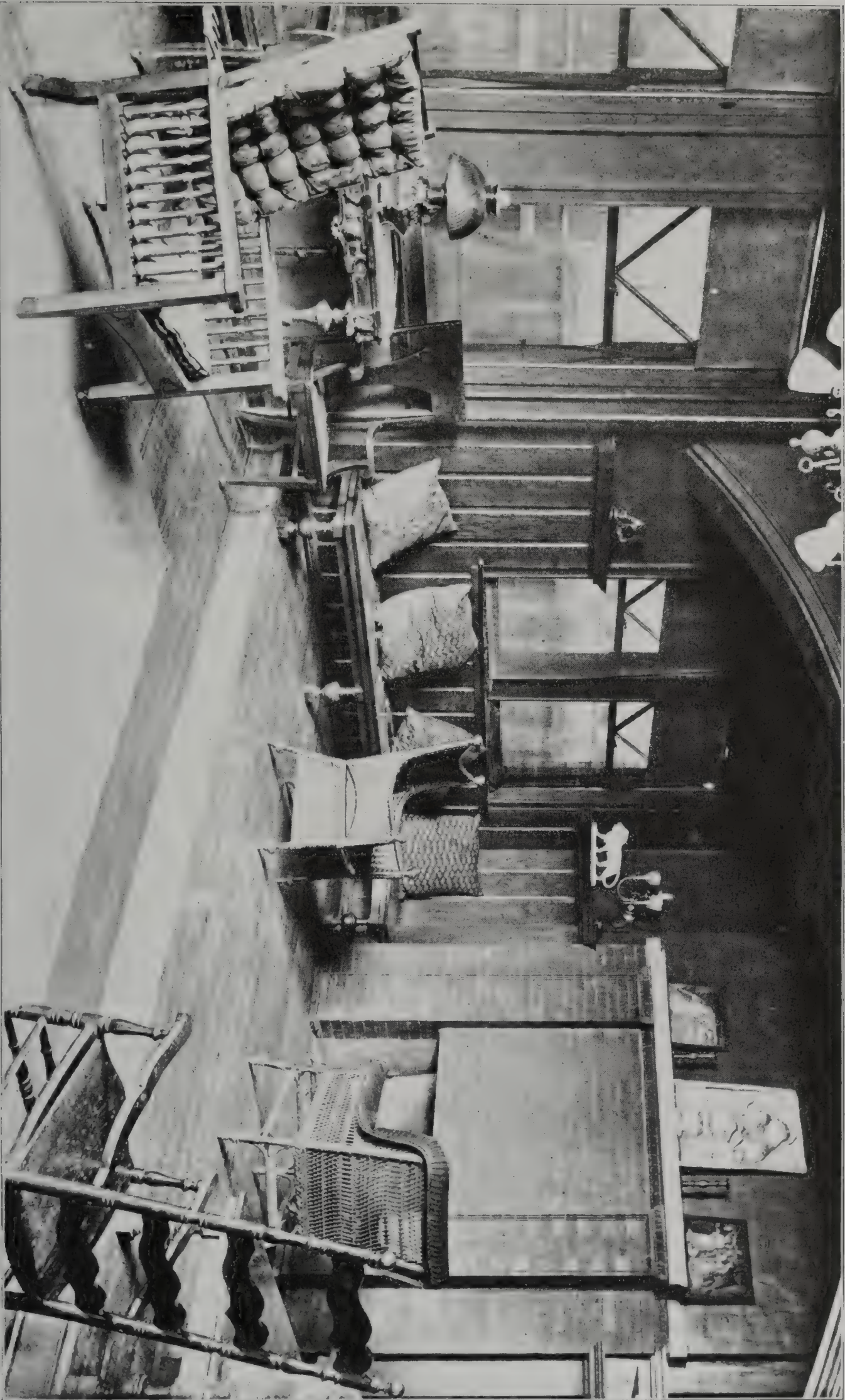
“On the Thames Embankment the eight pavilions of St. Thomas’s Hospital rear their stately façades for a quarter of a mile in face of the Houses of Parliament and Westminster Abbey. . . . The building which has been erected for the accommodation of the probationers, called the ‘Nightingale Home,’ adjoins the house of the matron, Mrs. Wardroper. It is entered from the main corridor of the hospital, and contains on the ground floor a capacious dining-room, with adjoining room for the sister in charge. Above these are four floors of bedrooms, affording a separate room for each of the thirty-five probationers, bath-rooms, and a day-room for convalescents.

“Mrs. Wardroper has been matron of this hospital of six hundred beds for eighteen years. She is also lady superintendent of the Nightingale Training-School for Nurses and fulfils these varied duties in the most satisfactory manner.

“Their arrangements for the nursing staff are as follows:

“There are in all sixteen hospital sisters or head nurses, one of whom acts as superintendent of night nurses and one as matron’s assistant. There are fifty-four nurses and three nurse-maids; to five of the





A COSEY ALCOVE, JANE CLUB







head nurses are assigned two wards each; to seven, one each; and there is one sister for the infectious block.

“The probationers are employed as assistant nurses under the immediate direction of the head nurses. They pass, during the year’s training, successively through all the different wards, and there are to about thirty patients one head nurse, one day nurse, one night nurse, two probationer-assistants, and one ward maid; whereas at Bellevue to the same number of patients there is one nurse without an assistant, one-fifth of the time a night nurse, and one ward maid, if the ten days’ prisoners convicted for drunkenness who do the cleaning can receive such a title.

“As to the instruction given outside the wards, a few lectures are delivered each season on principles of medicine, surgical subjects, chemistry, and the properties of air and light. While these lectures are being delivered the probationers take notes and afterwards write out the lectures. The subjects are treated in the simplest style. . . .

“In answer to a letter which I addressed to Miss Nightingale I received the following reply:

“‘LONDON, September 18, 1871.

“‘SIR: First, let me explain that your letter from Paris of August 26 was, most unfortunately, not forwarded to me till the day after that on which you proposed to leave England.

“‘When it reached me I was overwhelmed with business and illness. (I should, perhaps, add that my medical advisers have warned me that if I have business interviews of more than half an hour it is at the risk of my life.) Add to this, at the moment of receiving your letter my niece, who was to me like my own child, Sir Henry Verney’s only daughter, had been but two hours dead. (She would have done a great work in God’s service had she lived.)

“‘But I have been so little used to regarding my own life or the lives of those dearest to me as preventing God’s business, that I would have seen you, as you desired, had it not, as I have explained, been, alas, too late. Excuse me for giving these personal details; I wish to show that there is no indifference on my part; that if I could have been of service I would.

“‘I wish your association God-speed with all my heart and soul in their task of reform, and will gladly, if I can, answer any questions you may think it worth while to ask.

“‘You say, “The great difficulty will be to define the instructions, the duties, and the position of the nurses in distinction from those of medical men, and you are anxious to get my views in relation to this subject.”

“‘Is this a difficulty? A nurse is not a medical man; nor is she a medical woman. (Most carefully do we, in our training, avoid the confusion, both practically and theoretically, of letting women suppose that nursing duties and medical duties run into or overlap each other; so much so that although we have often been asked to allow ladies intending to be “doctors” to come in as nurses to St. Thomas’s Hospital in order to “pick up”—so they phrased it—professional medical knowledge, we have never consented to admit such applications, in order to avoid even the semblance of encouraging such gross ignorance and dabbling in matters of life and death as this implies.)



“ ‘Nurses are not “medical men.” On the contrary, the nurses are there, and solely there, *to carry out the orders of the medical and surgical staff*, including, of course, the whole practice of cleanliness, fresh air, diet, etc. The whole organization of discipline to which the nurses must be subjected is to carry out intelligently and faithfully such orders and such duties as constitute the whole practice of nursing. They are in no sense medical men. Their duties can never clash with medical duties. Their whole training is to enable them to understand how best to carry out medical and surgical orders, including, as above, the whole art of cleanliness, ventilation, food, etc., etc., and *the reason why* this is to be done *this way* and not *that way*.

“ ‘And for this very purpose—that is, in order that they may be competent to execute medical directions, to be nurses and not doctors—they *must* be, for discipline and internal management, entirely under a woman, a *trained* superintendent, whose whole business is to see that the nursing duties are performed according to this standard. For this purpose may I say:

“ ‘1. That the nursing of hospitals, including the carrying out of medical officers’ orders, must be done to the satisfaction of the medical officers, whose orders regarding the sick are to be carried out. And we may depend upon it that the highly trained, intelligent nurse and cultivated, moral woman will do this better than the ignorant, stupid woman, for ignorance is always headstrong.

“ ‘2. That all desired changes, reprimands, etc., etc., in the nursing and for the nurses should be referred by medical officers *to the superintendent*.

“ ‘That rules which make the matron (superintendent) and nurses responsible to the house surgeons or medical or surgical staffs, except in the sense of carrying out current medical orders above insisted upon, are always found fatal to nursing discipline. That if the medical officers have fault to find, it is bad policy for them to reprimand the nurses themselves. The medical staff must carry all considerable complaints to the matron; the current complaints, as, for instance, that a patient has been neglected or an order mistaken, to the ward sister or the head nurse, who must always accompany the medical officer on his visits, receive his orders, and be responsible for their being carried out.

“ ‘3. All discipline must be under the matron (superintendent) and ward sisters, or otherwise nursing becomes impossible.

“ ‘And here I should add that, unless there is, so to speak, a hierarchy of women, as thus—

Matron or Superintendent,  
Sisters or Head Nurses,  
Assistant and Night Nurses,  
Ward Maids or Scrubbers,

or whatever other grades are, locally, considered more appropriate, discipline becomes impossible.

“ ‘In this hierarchy the higher grade ought always to know the duties of the lower better than the lower grade does itself. And so on to the head. Otherwise, how will they be able to train? Moral influence alone will not make a good trainer.

“ ‘I will now mention, as an instance, that the very day I received your first message, through Mrs. Wardroper, I received a letter from a well-known German physician strikingly exemplifying what we have been saying as to the necessity of hospital nurses being in no way under the medical staff as to discipline, but under a matron or superintendent of their own, who is responsible for the carrying out of medical orders.



“ ‘ You are, doubtless, aware that this is by no means the custom in Germany. There the ward nurse is immediately, and for everything, under the ward doctor. And this led to consequences so disastrous that, going to the opposite extreme, Kaiserswerth and other German Protestant Deaconess Institutions were formed, where the chaplain and the Vorsteherin (female superintendent) were, virtually, masters of the hospital, which is, of course, absurd.

“ ‘ My friend, then, who has been for forty years medical officer of one of the largest hospitals in Germany, wrote to me that he had succeeded in placing a matron over his nurses; then, that after one and a half years she had been so persecuted that she had been compelled to resign; then, that he had remained another year trying to have her replaced; lastly, that failing, he had himself resigned his post of forty years, believing that he could do better work for this reform outside the hospital than in it.

“ ‘ It seems extraordinary that this first essential, viz., that women should be, in matters of discipline, under a woman, should need to be advocated at all. But so it is.

“ ‘ And I can add my testimony, as regards another vast hospital in Germany, to the abominable effects of nurses being directly responsible, not to a matron, but to the economic staff and medical staff of their hospital. And I am told on the highest authority that since my time things have only got worse.

“ ‘ But I will not take up your time and my own with more general remarks, which may not prove, after all, applicable to your special case. . . .

“ ‘ Again begging you to command me if I can be of any use for your great purpose, to which I wish every success and ever-increasing progress, pray believe me, sir,

“ ‘ Ever your faithful servant,

“ ‘ FLORENCE NIGHTINGALE.’ ”

Dr. Wylie visited all the large hospitals of London, the Royal Infirmary at Liverpool, and also the hospitals of Paris and Vienna, all of which he described with more or less detail in the report to the Hospital Committee, which then continues as follows: No action having been taken by the Medical Board of Bellevue in answer to the communication in the spring at the meeting of the Bellevue Hospital Association, in September, 1872, it was resolved to refer the subject of the establishment of a training-school for nurses to the Hospital Committee of the State Charities Aid Association. This committee, after a thoughtful study of the subject, prepared a scheme for the establishment of a school at Bellevue adapted to the wants of that hospital, but sufficiently comprehensive to be extended on a large scale at a future time. This scheme was presented to a committee of the Medical Board of Bellevue appointed for this object, composed of Dr. James R. Wood, chairman, Dr. Stephen Smith, Dr. Austin Flint, and Dr. Thomas M. Markoe. Three days after this committee presented the plan to the Medical Board, which passed a unanimous resolution of approval and sent it to the Commissioners of Charities. These gentlemen have conveyed to us a most cordial expression of their desire to carry out any well-considered plan for the benefit



of the patients under their charge, and for this end they agree to our proposal to give up to us the nursing and control of six wards of Bellevue Hospital, subject to such conditions as will not conflict with the rules already established for the good government of the hospital.

In the plan offered for the establishment of the school at Bellevue we ask only for the control and nursing of six wards; more than this it would be impossible to attempt satisfactorily at first. In course of time we propose to benefit not only Bellevue, but all the public hospitals, and also to train nurses for the sick in private houses and for the work among the poor. As the work advances we hope to establish a college for the training of nurses which will receive a charter from the State and become a recognized institution of the country.\* Branches of this college would be established in connection with hospitals devoted to particular diseases, such as the Woman's Hospital, etc., so that in course of time nurses trained for the treatment of special diseases will be as easily obtained as physicians. Connected with the college would be a "Home," whence they would be supplied with employment, and provision made for them when ill and disabled by labor or advanced years. The nurses when trained would receive a diploma or certificate, renewable at fixed periods. Thus the college would control the nurses during the stage of pupilage and protect the public from imposition by making known that a nurse whose diploma or certificate was not in due form had forfeited the confidence of the institution.

We would here offer our gratitude to the noble woman whose example has inspired our work, and who has sent us from her sick-bed invaluable advice and coöperation. We fervently trust that Miss Nightingale may long survive and may rejoice to learn that the work she had inspired in English-speaking women in this western world is bearing the same life-giving fruit that she and her co-workers gathered among the sick and suffering beyond the Dardanelles.

The branch of the work of district or missionary nursing among the poor, described in Dr. Wylie's report, must appeal strongly to the sympathies of all benevolent hearts. . . .

In Liverpool, where this branch of work has been carried to the greatest perfection in England, it has been productive of the most satisfactory results, and it remains to be decided what arrangements will be best to adopt in this country, and whether the different dispensaries established throughout the city should form a part of the mission work already organized by the different churches. We propose to train the nurses, and leave it to those who know New York and its needs to decide how best to use them.

\* The school was incorporated in 1874.



The work before us is not an inexpensive one. It should not be regarded merely in the light of a work of benevolence, but as a system of education, calculated to benefit thousands in all ranks of life, and, like the quality of mercy, blessing him that gives and him that takes.

We require at present the sum of twenty thousand dollars.\* A house must be had for the superintendent and nurses; not a mere lodging, but a comfortable home, where, after their daily labors, they may find relaxation and rest, free from the depressing influences of the hospital. Our head nurses, on whom will devolve the task of training the probationers, will be entitled to the high wages they would receive in private houses. To the probationers we shall give moderate wages, on a rising scale, in proportion to their usefulness and term of service.

It will be seen by Dr. Wylie's report that the nurses trained in England are chiefly recruited from the class of upper servants. In this country women of that class find plenty of employment at high wages; we propose, therefore, to offer the advantages of our school to women of a higher grade. In this country we have a large class of conscientious and laborious women whose education and early associations would lead them to aspire to some higher and more thoughtful labor than household service or work in shops, such as daughters and widows of clergymen, professional men, and farmers who have received the good education of our common schools and academies, and are dependent on their own exertions for support. An American woman, with such an education and with her heart in the work, could be trained to become the best nurse in the world, for the race has quick wit, perception, and strong powers of observation. Let her, in addition to these qualities, acquire the habit of obedience, and you have all the elements for making a good nurse.

There is an idea prevalent that among certain classes the work of nursing can best be done by persons who receive no pay, but simply a support from the order to which they belong—that the receipt of money gives the stigma of servility to the work. While we would not in any way depreciate the usefulness of the persons holding these views, we feel that the idea is an erroneous one; that such a rule shuts out a vast number whose services would be invaluable.

. . . . .

For the Committee on Hospitals,

ELIZABETH C. HOBSON,  
Chairman.

\* Six weeks after the publication of this report the sum of twenty-three thousand dollars was contributed.



THIRD ANNUAL REPORT OF THE MANAGERS OF THE TRAINING-SCHOOL,  
1876.

In presenting their Third Annual Report the managers of the Training-School would claim that the experiment begun with many fears and misgivings in May, 1872, has proved a success, and that the hope they then ventured to express, of training respectable, intelligent women into educated, skilful nurses, has grown into a reality.

The first two years of the work may have seemed barren of result, and have tested the patience of the kind friends who furnished the funds for the establishment of the school, for, as the course of training required two years, it was impossible to graduate the first class of pupils until last May. The school opened with but five pupils. Applications for admission came slowly, or, rather, the applicants were many, but few among them were willing to give up two years to the acquisition of a profession, no matter how useful and lucrative that profession might be. This, one of the most serious of the early difficulties, no longer exists. As the story of the school spread through the country, the applications from women deliberately choosing the profession of a nurse as their life-work and anxious to learn it thoroughly are more numerous than we can accept.

There are now forty pupils in the school, with others engaged, waiting for the first vacancies, to enter.

In May, 1875, our first class of six nurses graduated, receiving a diploma signed by the Examining Diploma Committee of the Medical Board of Bellevue and by the Training-School Committee. Of these, the first fruits of our work, one is now matron of Roosevelt Hospital, one a head nurse at the Maternity Hospital, one is established for herself in private practice in New York, and three are temporarily reëngaged by the school and sent out by it to private cases.

The course during the year has been as follows: Eight lectures upon circulation, respiration, digestion, diseases of women, and care of children; four lectures on obstetrics; ten on anatomy, physiology, and digestion; two on symptoms of disease and temperature; three on digestion; two on obstetrics; one on walking; one on hemorrhages; one on bedside manipulations.

Add to these a regular and most valuable course of lectures from the assistant superintendent on the various duties of a nurse, on urine, wounds, and eruptive and typhoid fevers.

The constant presence of respectable, intelligent women as nurses in the wards and the daily example of their lives is the best of sermons, teaching patience under suffering, touching sad, lonely hearts with a sense





SISTER HELEN

First Superintendent of the Training-School for Nurses of Bellevue Hospital, New York







of sympathy, quelling angry disputes, silencing oaths and obscene talk, and extending its influence to the lowest and most degraded.

The account of the early days of the school as read at the twenty-fifth anniversary of the establishment of trained nursing in this country, held at the Waldorf-Astoria on March 6, 1899, gives the following details of that pioneer work:

“Through the influence of the Honorable James Bowen, one of the Commissioners of the Board of Charities, a reluctant consent had been obtained from the board to allow us to nurse five wards at Bellevue, for which the committee was to defray all the expense beyond what was paid under the old system. A house was hired in March, 1873, in the vicinity of the hospital as a home for the nurses, and the committee engaged to take charge of the five wards the first of May. Circulars were issued inviting pupils to apply, and search was made for head nurses and a lady superintendent. At the end of several weeks six pupils were with difficulty obtained, and one nurse engaged who claimed to have had nursing experience. No person qualified to take the position of superintendent, as Miss Nightingale had defined it, was to be found. It was close upon the first of May, and the committee was threatened with the prospect of failing to meet its engagements, thus fulfilling the prophecies of its opponents. A little anecdote here may not be inappropriate: A member of the committee in a despondent mood at this time expressed her anxiety to another, who replied, ‘I have such faith in this work, and I have prayed so hard for it, that I shall have that superintendent’s bed made, being sure that she will come to occupy it.’ A few days later the despondent member was at her breakfast-table when a woman in the garb of a sister was announced. Her English accent betrayed her nationality as she explained that she had heard we were establishing a training-school for nurses in New York, and as she had had considerable experience in such work she had come to offer her services. The result of that visit was the engagement of Sister Helen, of the All Saints’ Sisterhood in London, as superintendent.

“The school started its struggling, tentative work the first of May, 1873, amid a good deal of opposition, but it never wavered or faltered from its high ideals, and the principles accepted from Miss Nightingale have been faithfully followed, not only at Bellevue, but by all the schools subsequently founded, up to the present time.

“The principle which Miss Nightingale insisted upon as fundamental, and which excited the greatest opposition among hospital authorities, was that all nurses should in matters of discipline be under a woman, who should be responsible to the hospital authorities for the behavior of her subordinates and for the faithful performance of their duties.



"This was such an innovation in hospital rule that it created great opposition at first in this country as well as in Europe, but following the advice of Miss Nightingale, the committee stood firm, carried its point, and as time passed on and the school extended until it controlled all the nursing in the hospital, the rule was accepted without a question, and as other schools were founded the superintendents carried these rules with them, until now no other system is in use in any hospitals in England or in civil hospitals in this country.

"At the expiration of the first year, the house staff, who had been friendly from the beginning, ventured to point out to their superiors the improved condition of the nursing service under the training-school, and gradually the eyes of these gentlemen were opened to the fact that their patients recovered sooner, and that the deaths after operation were less frequent than formerly.

"The superintendent, Sister Helen, accustomed to the management of a pauper hospital in England, was not daunted by the politics of Bellevue, and gradually during the second year the work assumed permanent shape and was extended to other wards. The applications from would-be pupils increased. The first pupils became head nurses and, at the end of the second year, the first class graduated.\*

"In May, 1876, Sister Helen, having taught us how to go alone, returned to England, and the school was placed in charge of Miss Eliza Perkins, of Norwich, Conn.

"If the prayer was answered which sent the school its first superintendent, the Divine guidance certainly inspired the selection of the second. It would be impossible for anyone who was not associated with Miss Perkins during the years she was matron of the hospital and superintendent of the school to realize the value of her work and the qualities of her head and heart. She studied the character and abilities of her pupils, knew the position each woman was adapted to fill, and as class after class graduated she sent them far and wide over the country, to carry the results of their education into hospitals and homes."

[In 1888 Miss Perkins resigned, and her place as superintendent was filled by one of the graduates, Miss Agnes S. Brennan, who still holds the position. To the admirable fidelity of Miss Brennan and her trained intelligence is owing the present efficiency of the school.

A short sketch of the work of the school from 1888 to the present time will appear in another number of the JOURNAL.—ED.]

\* Miss Linda Richards was engaged as night superintendent on October 1, 1873, one month after her graduation at the New England Hospital, Boston.



## CATHARTICS AND HYPNOTICS IN THE TREATMENT OF NERVOUS AND MENTAL DISEASES

By WALTER VOSE GULICK, M.D.

Chicago

SUCH a title as the above is almost misleading, inasmuch as it seems to imply that cathartics and hypnotics are to be administered in some special way in nervous and mental diseases. However, it is true that in these cases a lack of exercise often emphasizes the need for proper elimination, while, again, an extreme wakefulness may make the getting of sufficient sleep an immediate problem.

There are nervous diseases of the intestines, but it is not the intention of this paper to consider this class of cases, which have a distinct pathology and demand a treatment varying with the existing condition. The relation of constipation to certain nervous disorders is in dispute. Thus Dunin, supported in his view by Virchow and Nothnagel, believes that hypochondriasis and constipation may together result from neurasthenia, while Ewald holds that hypochondriasis is often caused by constipation. Be that as it may, the matter is not for discussion here.

In the relief of constipation, dietetic, physiological, mechanical, and medicinal means are to be considered.

As to diet, according to Ewald, the laxative effect of certain foods is, for the most part, due to the movements of the intestines, induced either by the contained organic acids or formed gases; and in this class would belong most fruits and vegetables holding an abundant supply of water. The common theory that peristaltic action is promoted by the mechanical contact of seeds, skins, and other rough material does not seem to the writer quoted as reasonable, and he comments that when we consider how a spicule of bone becomes enveloped in a coating of mucus it does not seem probable that ordinary articles of diet can have much influence through contact with the intestinal wall.

Water is to be named by itself as of special clinical value as a laxative, being best taken an hour or so before the meal. For milk and for many of the ordinary table dishes there is an idiosyncrasy to be learned only after acquaintance with the individual.

Exercise is of importance, the neglect of which may abet a tendency towards chronic constipation. But a matter of more consequence in this connection is the need of a regular habit, an hour when the patient should daily allow himself the opportunity for defecation. And in this connection it is not out of place to refer to the subject treated by Dr. E. T. Williams, under the title "Postural Treatment of Constipation," in



which article he calls attention to the fact that the ordinary attitude taken in defecation does not allow the full aid to be gotten from either the contraction of the diaphragm or the recti, and so, in order to compensate for a sluggishness of the bowels, a squatting position is suggested.

Systemic abdominal massage is able to secure a result in some cases, but is of more service in a lean individual than in one with fat abdominal walls. In obstinate cases colonic flushing may be of service, where, through a soft delivery-tube, the water is allowed to creep into the lower bowel under an even pressure, a treatment which may be repeated several times once a day or less frequently. Where the feces have resisted ordinary catharsis and have accumulated through three or four days a clyisma may prove efficient in securing a prompt evacuation, and for this purpose an injection, such as olei ricini, one and half ounces; olei terebinthinæ, two drachms; pulv. saponis q. s.; aquæ q. s. ad. four ounces, might be used.

As to medicinal treatment, many drugs are recommended. Among those which may properly be named here are the U. S. P. compound cathartic pill, one or two being the ordinary dose, and a pill containing aloin, belladonna, and strychnine. A physician who through several years in a sanatorium for nervous and mental diseases had occasion to study this question of cathartics, stated that in his experience kasagra (Stearn's) had proved to be the drug most suited for ordinary continued use, and was there given in doses of one to two drachms, and in certain cases taken as a daily tonic without seeming to show any culminative harmful influence. Calomel, several small doses at night, may be followed, when needed, by a dose of salts in the morning, and, when all drugs are systematically refused by a patient, may sometimes be conveniently given as a powder (say five grains) put on bread and covered by butter. Castor-oil stands by itself as a reliable cathartic when given in doses of one to two ounces, and can often be served as a sandwich in a glass, the oil being covered by a finger of brandy, with as much of peppermint-water lying below; and it will lessen the after cleaning of the glass to see that it is thoroughly wet on the inside with water before being used. When the patient happens to be taking lavage the oil can easily be poured into the tube at the same time, and in the case of a patient who resists this may be the most satisfactory way to give medicine. Under such circumstances the tube is perhaps best passed through the nose after being properly oiled: it is necessary to use some caution to make sure that the tube is not in the trachea. When the patient can talk, there is evidence of a proper position. Usually, if the tube is in the trachea, the respiratory sounds would be transmitted, but as the open end might have become plugged with mucus, in case of doubt it is well to make a test



with a teaspoonful of water, which spilled into the trachea would induce coughing. Castor-oil is not favored for continued use because of a tendency towards dyspepsia and oily eructations.

Rhubarb is of service in chronic constipation, but has an inclination to cause drug dependency, which may be corrected by writing a prescription which used to be put up a century ago, *rhei (pulv.)*, one ounce; *sodii sulph.*, half ounce; *sodii bicarb.*, two drachms, of which as a first dose as much as lies on the point of a penknife was given and increased to meet the need of the patient, to be taken at night stirred in a glass of warm water.

Frequently it will be found of advantage to vary the laxative in order to suit the individual want or to make allowance for an acquired tolerance. Certain instances will be found where there is a deficiency in muscular tone, making a continued stimulation necessary, and here the problem involves the securing of the proper amount of compensation, even as the oculist does in ordering glasses.

In the treatment of nervous and mental diseases it is important to secure proper elimination. Dietetic, physiological, and mechanical means should all be considered, and when needed drugs should be used, but with care to avoid creating any unnecessary dependency.

Insomnia may be functional or symptomatic. With nervous diseases either sort may occur, and the diagnosis is at times difficult, because it is possible that the one form may under given conditions change into the other.

When a cause can be ascertained it is, of course, of first importance to deal with this; then, further, or without such finding, other means are to be used. Thus exercise, specially that which is taken in the open air, is of value; and perhaps this is true partly because of the diverting or quieting effect it may have over the mind of the patient, for it is a matter of observation that physical exertion alone grants no insurance against insomnia, else occupation would protect the farmer; but when harassed by a mortgage or some other dread he may come to a wakefulness that is as intractable as that of the brain-worker. Where the condition of the patient cannot allow walking, lounging in the out-door air and sunshine sometimes proves a fair substitute. At night a regular retiring hour is named, the patient is given a quiet, well-ventilated room, and, what is most important of all, a mental attitude of rest is sought; and in this latter matter the suggestion of the thoughtful nurse or physician may have much weight.

A light lunch at bedtime, perhaps a glass of milk and a cracker, will at times be of aid. Auxiliary means of inducing sleep are found in a warm bath before retiring, a warm pack or a cold pack, cold applied to



the head with warmth at the feet, massage, or an alcohol rub. Static electrical treatment given during the day will perchance help indirectly through its sedative action.

As to drugs, it is of much consequence to realize that in many cases these can be dispensed with altogether, even where the patient is said to be dependent upon hypnotics.

With the violent and extremely restless duboisine may be administered hypodermically (one-hundredth to one-fiftieth of a grain) and repeated after some hours if necessary. But it is to be remembered that acute insanity usually runs its course in from two to six months. To continue any drug influence in such a case would require an increase to harmful doses, and in instances it has been possible to care for these patients without any resort to such medicine. Trional is counted safe where it is necessary to continue hypnotic treatment, and the ordinary dose is fifteen grains. Sulphonal, being rather insoluble, is more slow in its effect and can be well given in hot milk. Its action may continue into the following day. The dose is the same as for trional. Paraldehyde is a powerful hypnotic, and, given in doses of half a drachm to a drachm and a half, acts promptly. Aromatic elixir makes a satisfactory vehicle, which somewhat disguises the disagreeable taste. Paraldehyde is said to give refreshing sleep without unpleasant after effects, but the odor is offensive and hangs to the breath. Chloral is an acceptable hypnotic in many cases, is called reliable and prompt, usually without after effects, but because of its depressing influence must be used with caution, if at all, where there is any involvement of the heart. It can conveniently be kept in a solution of syr. pruni virginianæ, ten grains to the drachm, to be given in doses of one to two drachms. Chloretone, a substance belonging to the fatty acid series and formed from the interaction of chloroform, acetone, and an alkali, is said to be safe and without after effects. Given in small doses it is sedative, in larger doses hypnotic. When taken in the tablet form it should be followed by a glass of water.

Each patient in the matter of response to drugs has an individual equation, and the whole list of hypnotics may be tried without any satisfactory result. However, if in doubt trional is ordinarily a good prescription, but to get sleep for a vigorously restless individual paraldehyde would serve the purpose better, while where the patient complains of waking after only a short sleep sulphonal, which acts slowly, in a full dose given on retiring, would be preferred. Further, where a continuation seems necessary a change of drugs is usually to be advised in order to avoid acquiring a tolerance or the formation of a drug habit.

At best, hypnotics cannot secure a condition which refreshes the body after the fashion of normal sleep. So it is well to bear in mind



that there are cases of insomnia, even where the patient is said to have been a long while dependent upon artificial sleep, which may be forced to yield without any medicinal treatment. Drugs are to be given only when definitely indicated, then in doses large enough to get the result needed, while it continues of importance to observe without neglect such other means as may aid in securing sleep.

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## THE RELATION OF SYPHILIS TO THE NURSING PROFESSION \*

By L. B. BALDWIN, M.D.  
Chicago

It has been a matter of such grave doubt with me whether the great danger of specific infection was brought forcibly enough before the minds of the nurses who, year by year, are graduated from the various training-schools, that I questioned different nurses from different schools and of varying experience, and was not surprised to find that few realized fully what specific infection means. Of course, they knew that contact with a chancre or with mucous patches usually would result in infection, but that infection might also be the result of some little carelessness in the routine of their work seemed far from their thoughts.

Nurses are called upon every day to nurse patients about whom they know little or nothing. They are seldom called upon to nurse syphilis, but how often are they called upon to nurse a patient with some other disease who has syphilis? and people who are suffering from syphilis are very loath to acknowledge it to the physician, much less to the nurse who is constantly with them.

In April I read a paper before the Chicago Medical Society on extra-genital chancres. I reported a few of the cases that had come under my notice among physicians and midwives. The nurse runs the same chance of infection that the doctor and midwife do, and for this reason I will cite a few cases showing the many ways that infection takes place.

*First.* A midwife delivered a woman whom she did not know was suffering from syphilis. Three weeks after she noticed an ulceration on the back of her hand, but thought it was due to a pus infection. She continued to practise midwifery for two months, when the secondary eruption appeared, and she was informed that she had syphilis, and the ulceration on the back of her hand was a chancre. One of the women

\* From *St. Luke's Alumnæ Association Journal*.



she infected was referred to me for treatment, and no one knows how many more she infected.

*Second.* A young woman suffering from typhoid fever had for her nurse a married sister whom she was in the habit of kissing. Three weeks after acting as nurse the married sister developed what she supposed was a cold-sore on her upper lip which proved to be a chancre. She infected her husband on the upper lip, and both husband and wife are under my care with very severe forms of syphilis.

*Third.* A baby, two months old, was being wheeled about in a baby-carriage by the nurse, when a woman passing patted the baby and, leaning over, kissed it. In three weeks the baby had a well-defined ulcer on its lip, which proved to be a syphilitic chancre. This case only emphasizes the danger to which ninety-nine babies out of a hundred are exposed, not from nurses, because they are taught better, but from the general public. So often a person will pat a baby's cheek, saying how sweet and cunning it is, and end by kissing the little one on the mouth, and will perhaps by that kiss convey to the innocent baby syphilis, tuberculosis, or some equally dread disease. If there is one thing that a nurse should impress upon a new mother, it is the danger of allowing the baby to be kissed by anyone.

Another very fruitful source of infection is the nursing-nipple. You will find nine nurse-girls out of ten who will put the nipple in their mouth to see if the milk is of the right temperature, and, I am sorry to say, I have seen many nurses taste the contents of a spoon before giving it to the baby. It is dangerous, and it is a bad example to the family.

Fournier reports four hundred and eighty-one cases of extragenital chancres, three hundred and sixty-five of which were of the lip. I now have under my treatment at Cook County Hospital three cases of chancres of the lip, which shows that they are not uncommon.

Another favorite seat of the chancre is the breast. I report a case which will be instructive and interesting to you:

A baby, four months old, was brought to my clinic by its sister. On examining the baby I found a secondary eruption, enlarged lingual gland, and a true chancre of the left side of the lower lip. I sent for the mother. On examining her I found a fast disappearing ulceration under the left nipple. The history she gave was as follows: The flow of milk was very slow, and her husband had used his mouth on her breast to, as she expressed it, hurry up the milk, and the sore appeared a month afterwards. So here we have a father infecting the mother's breast and the breast infecting the baby.

During one of the examinations the sister leaned over and kissed the child to quiet it. I explained the danger to her of infection, but four



months afterwards she presented herself at the clinic with a chancre on her lip.

I do not wish to convey the impression to you that the patient has to have a chancre to be infected, as the mucous patch which syphilitic patients have in ninety-nine out of a hundred cases occurs in the mouth, and lasts for months and even years, and is as infectious, if not more so, than the chancre. You can easily see how much danger there is in conveyance of the infection from one person to another by tongue-depressors, thermometers, feeding-tubes, spoons, drinking-utensils, and so forth.

The foregoing cases serve to illustrate the many ways in which infection may be transmitted, and should put the nurse on her guard as to the unlooked-for quarters from which infective material, not only general, but specific, may be derived.

The only safe way is to establish strict rules of exclusion, and to see that they are observed in their minutest details.

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## EXPERIMENTS IN RECENT METHODS OF FEEDING CHILDREN

By MARGARET M. TOOKER

Superintendent of Nurses, Michael Reese Hospital, Chicago

At the desire of one of the staff of the Michael Reese Hospital, Chicago, some experiments have recently been made in the Diet School of that institution in regard to dextrinizing foods and a modern method of milk modification.

The English for some time have used a modification of milk where the relative proportions of milk and whey were taken into consideration. Similar modifications have been used in Austria by Monti and in France by Vigier, whose method is as follows:

Take the needed amount of certified milk and divide in two equal portions, putting each portion in a sterile glass jar and closing the top of the jar with sterile cotton. Set aside in a cold place for a couple of hours until cream has risen again; skim the cream from one portion and add to the other portion, thus retaining all the fat. Heat the milk from which the cream has been removed in a sterile saucepan to 98° F. Add to it rennet, using for one pint of skimmed milk one teaspoonful of liquid rennet, or one-half junket tablet dissolved in one tablespoonful of water which has been boiled and cooled. Let the milk stand in a warm place until thoroughly coagulated, then strain, thereby removing one-half the caseine of the entire milk used. Heat the whey thus obtained to



150° F., in this way destroying further action of rennet ferment, and add to first portion of milk. Care must be taken that the temperature does not exceed 157° F., in order to avoid coagulating the lactalbumen.

Satisfactory results have been obtained from this preparation. It has been used successfully in cases of malnutrition, being retained and assimilated where other foods failed, but the best results have been obtained in children under three months of age.

The object of the Vigier method is to make the proteids of cow's milk more nearly resemble those of human milk. To illustrate this difference we give the following analysis:

	Human milk.	Cow's milk.
Caseinogen .....	.59	2.88
Lactalbumen .....	1.25	.53
	<hr/>	<hr/>
	1.84	3.41

In addition, excess of caseine is removed and the lactalbumen which remains unaltered in the whey makes up the deficiency caused by loss of caseine.

Experiments were also made in dextrinizing gruels and cereal waters with the following results: In all experiments complete dextrinization was assured by the use of the iodine test. Foods dextrinized by the use of maltine were found to be unpalatable to the children, as were also those dextrinized with liquor pancreaticus. Pancreatin, on the contrary, gave a palatable food, but was objected to because of its action on the proteid matter of the grain. A very satisfactory dextrinizing medium was at last found in a preparation called Cereo. This is used in the proportion of one teaspoonful of Cereo to one cup of gruel or barley- or rice-water. Cereo is added to the gruel or water at a temperature of 147° to 170° F., any degree over the latter destroying the action of the diastase. It is then kept in a warm place until the diastase has taken effect, which can be told by the food becoming thin, or, more accurately, by applying the iodine test.

The food may then be served in several ways, as may seem desirable, either by the addition of milk in varying proportions or the white or yolk of an egg. For some children a very small quantity of milk-sugar, about one-quarter to one-half teaspoonful for one cup of gruel, makes a more palatable food.

Dextrinized foods with milk are a favorite method of milk modification advised by Henry D. Chapin, while without milk the dextrinized foods are advised by many in the summer diarrhœas of infants.

Directions for the preparation of rice-, barley-, and oatmeal-waters may be found in the April number of the JOURNAL.



## VERSES \*

BY RUTH BREWSTER SHERMAN

So long the ships within the harbor ride,  
Tugging their chains and yearning to be free,  
Leaping like sentient things to meet the tide,  
Tired of the wharf, and eager for the sea!  
And when, with loosened bonds, the anchors slip,  
Free of the harbor, to a land unknown  
Fare barge and schooner, sloop and merchant ship,  
Trusting the compass and the stars alone  
To guide them through the pathless, trackless sea  
Safe to the haven where they fain would be.

Far sundered are their ports,—their paths apart,  
Each ship its cargo,—each its guiding chart;  
But one the star that leads them o'er the foam,  
And one the beacon bright that brings them home.  
And if, returning, night and storm impede,  
On come the ships, nor feel a thought of fear:  
With faith and courage equal to their need  
They know their harbor lights are shining clear.

So fare we forth from out our harbor here,  
Where skilful builders, lab'ring wise and long,  
Have laid the timbers, shaped us year by year,  
Welded the plating, set the rivets strong,  
Taught us the signals, pointed out the star:  
'Tis ours to choose the port, to find the way,  
To bear their flag, unstained, to countries far,  
To serve our masters as a good ship may.

Guided are we by compass and by chart,  
By radiant stars above, by lights on shore,  
Fitted our cargo to the foreign mart,  
Our pilot-boats the lives of those before:  
Serve we the world as they have served of yore!  
The Vigilando Cross our ensign be—  
The Lord of Life is with us evermore,  
Our harbor-lights are shining on the sea.

\* Written for the Graduating Class of 1901, Johns Hopkins Hospital, and read at the class dinner.



# GLEANINGS FROM THE MEDICAL PRESS

IN CHARGE OF

ELIZABETH ROBINSON SCOVIL



LIGHT IN THE TREATMENT OF PULMONARY TUBERCULOSIS.—Dr. George G. Hopkins, of Brooklyn, N. Y., has an interesting article in the Philadelphia *Medical Journal* on the treatment of phthisis by means of light.

He uses an electric lamp with a condensing lens, so that at a distance of fifteen feet the light could be concentrated on a surface an inch in diameter if desired. A screen made of strips of blue glass is placed between the patient and the lamp to cut off some of the heat-rays. The chest of the patient is bared and the light concentrated to a circle of fifteen or twenty inches in diameter. The exposures vary from half an hour to an hour, and are given daily.

The first effect of the light is a diminution of cough and temperature within forty-eight hours. There is a gain in weight, the amount of expectoration is perceptibly diminished, and the number of bacteria very much reduced within the first week of treatment. Light being a powerful germicide, their destruction is supposed to be due to its concentration upon them.

Several patients who on beginning treatment walked a block with difficulty, at the end of two weeks could walk a mile.

Dr. Hopkins has treated ten cases in all. The period of experiment has been less than a year, but the success is sufficient to warrant a continuance of the treatment.

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REMOVAL OF SUPERFLUOUS HAIR BY THE X-RAYS.—Dr. William Allen Husey reports his experience in the use of the Röntgen rays for the removal of superfluous hair on the chin and upper lip in nine cases. Two, of which a detailed account is given in the *Journal of the American Medical Association*, were women. One was afflicted with a growth of coarse black hair from half an inch to an inch and a half long on chin and upper lip, the other with an abundant growth of coarse brown hair on the same parts. The treatment caused some erythema, but after that had disappeared the skin remained white, smooth, and perfectly normal in appearance, and the growth of hair did not return.

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TREATMENT OF THE BREASTS DURING PREGNANCY AND NURSING.—The *Journal of the American Medical Association* has a useful article on this subject, so interesting to nurses engaged in obstetrical nursing. It says, beginning five or six weeks before the expected time of confinement and continuing its use daily until confinement, lanolin applied externally with friction every night is of great value. The nipple should be well washed in the morning with pure soap and



water, rinsed off, and thoroughly dried. The following to be applied locally during the first week or two of nursing:

Tinct. benzoin comp., ʒss;  
Olive oil, ʒii;  
Lanoline, ʒvi.

When the nipples crack they and the breasts should be washed with boric acid solution. If only one nipple is affected, the breast-pump should be used for a few days to give it rest. An ointment composed of

Bismuth subnit., ʒiii;  
Tinct. benzoin comp., q.s. ad. ʒi,

should be applied night and morning. The child's mouth should be examined as a possible source of infection.

To prevent fissures the application of equal parts of glycerole of tannin and distilled water twice daily is recommended.

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THE FOURTH DISEASE.—Dr. J. J. Weaver, in the *Dublin Journal of Medical Science*, quoted by the *New York Medical Journal*, says that Dr. Clement Dukes points out that there is an infectious disease which provisionally he calls "fourth disease," because it is an additional disease to the three others, scarlet-fever, measles, and German measles. It closely resembles scarlet-fever and is apt to be mistaken for it, the rashes being practically indistinguishable.

The distinguishing points are that even when the rash—which usually appears first on the face, about the mouth—is extensive the elevation of temperature is slight, not above 100° F. usually, and the pulse is not accelerated; the throat symptoms are slight or absent; there is little feeling of illness and no loss of appetite.

The tongue, which in scarlet-fever peels on the fourth day, does not peel in the "fourth disease," and there is usually no desquamation. In all other respects it is very like German measles. The eruption is usually the first symptom in both diseases. The incubation period is from nine to twenty-one days, and the throat and eye symptoms are much the same.

Sir William Broadbent states in the *Lancet* that "he accepts without hesitation the differentiation of rubella into two distinct diseases which Dr. Clement Dukes has made."

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IRON IN MOTHER'S MILK.—The *Journal of the American Medical Association* quotes from one of its foreign exchanges a paragraph by J. K. Friedjung on this subject. He says: "One of the disadvantages of the artificial feeding of infants is probably the lack of iron, which is always found in the normal milk of healthy women in a proportion of 3.52 to 7.21 milligrammes to the litre in twenty-one cases investigated. The women were nineteen and twenty-seven years old, the infants ten days to nearly ten months. When nurslings do not thrive on apparently normal milk the proportion of iron is usually found to be subnormal."



OSTEOMALACIA IN PREGNANCY.—The New York *Medical Journal* contains an interesting contribution on this subject from Dr. Jennie G. Drennan, of St. Thomas, Ontario. In quoting from Dr. Branth, writing in the same journal, she mentions the fact that lionesses fed on bones too large for mastication give birth to offspring with cleft palates. In the human mother insufficient phosphate of lime in the food would not so affect the fœtus because it would draw on the tissues of the mother for the necessary calcium salts. If the mother's food did not contain a sufficient supply for both, the mother's own bony structures would suffer, becoming soft and resulting in the condition known as osteomalacia. This emphasizes the importance of a properly regulated diet during pregnancy.

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DISINFECTION OF URINE IN TYPHOID.—From an early time, before our knowledge of bacteria, it was realized that the intestinal tract was an important agency in transmitting the disease typhoid. As time went on and bacteriologic knowledge increased, it was recognized that typhoid is not exclusively a disease of the intestinal tract, that is, that its lesions are not exclusively confined to those structures, and later investigators learned that typhoid bacilli are eliminated with urine in a considerable proportion of cases, sometimes in enormous numbers and sometimes in pure culture. They do not, as a rule, appear in the urine until the second or third week of the disease, and when once present may persist for a long time, even years. With a knowledge of these facts it is plain that the urine not less than intestinal discharges ought to be subject to disinfection as a prophylactic measure. Dr. N. B. Gwyn reports the result of investigation into the most thorough means of disinfection of urine. He found that milk of lime is neither rapid nor certain, while carbolic is of value only in large amounts or in very strong solution. Mercuric chlorid he found acted as a powerful and rapid disinfectant, only a small amount being required. Formaldehyde was found efficient, but too expensive for practical purposes. Chlorinated lime, prepared in saturated solution and using the supernatant fluid, was the most reliable disinfectant.—*Journal of the American Medical Association*.





# PRACTICAL HINTS



## DIRECTIONS FOR THE USE OF EYE-DROPS

A WELL-KNOWN oculist has these directions printed upon small slips to give to his office patients. They may not come amiss as reminders to nurses:

“Before leaving the drug-store see that the solution dispensed is perfectly clear and free from sediment; also that the dropper furnished with the medicine is perfect and provided with a black bulb of pure rubber—*not a white one*.

“Before using the dropper pull off the bulb and cleanse both the bulb and the tube with boiling water.

“To apply the drops to the eye, partly fill the dropper by pressing the bulb while the tip of the tube is immersed in the fluid; then look up, pull down the lower lid, and drop the medicine into the outer corner of the eye, letting it flow along the groove between the lower lid and the globe. Then return to the bottle the medicine remaining in the dropper, and rinse the latter in hot water and put away in a clean handkerchief or napkin where it cannot be contaminated by dust or unclean fingers. In handling the dropper, hold it point downward in such a way that the medicine cannot run into the rubber bulb. If a sediment forms in the bottle or the solution becomes cloudy, it is not longer fit for use and should be renewed or boiled and filtered.”

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## NECESSARY PRECAUTIONS IN GIVING VAGINAL DOUCHES

THE giving of a vaginal douche is regarded too often as so simple a thing as to call for no special care or precaution, but it should be borne in mind that the douche following labor, the removal of any pelvic organ, and in many cases of metritis or other disorders is attended with danger for one especial reason, viz.: the dilated os uteri, which affords a direct channel for the entrance of fluid into the uterus, the fallopian tubes, and possibly the pelvic cavity.

The object of the douche is two-fold,—first, cleanliness, and, second, to allay pain and inflammation. Therefore it may be readily understood that a douche given with luke-warm water, the douche-point inserted half its length and under high pressure, is not only worthless but dangerous, many instances being recorded of collapse and peritonitis following the entrance of fluid into the pelvic cavity.

The first provision made should be that the utensils are surgically clean, then that the solution or sterile water is hot, not warm, and that the douche-point is inserted with water flowing to avoid the entrance of air, by following the posterior vaginal wall until the point is high up in the cul-de-sac of Douglas, thus avoiding a direct stream into the os. The douche-pail or fountain syringe should never hang more than twelve inches higher than the patient's recumbent body, in labor or operation cases six inches being enough, thus avoiding any pressure which might force the fluid into the uterus. The low pressure is also much better because the flow is slower and the cervix is kept so much longer in a hot bath.



An antiseptic douche should always be followed by a pint of hot sterile water, many patients being susceptible to the use of such drugs. In giving douches to a young girl an excellent way is to make use of the metal catheter provided with a return flow, the reason being that the ordinary glass douche-point often entirely fills the vaginal orifice, thus forcibly retaining the fluid.

A method of continuous irrigation known as the Stehman douche was devised and taught to nurses some years ago by Dr. Henry B. Stehman, of the Presbyterian Hospital of Chicago, which is given by introducing a bivalve speculum, and then wrapping a glass douche-point with enough absorbent cotton to fill the opening. By holding the point and cotton with the left hand the right hand may remove the speculum. The rubber tubing with water flowing is then attached to the glass point, the pail or syringe being not over six inches above the body, as the cotton will allow only a very slow return flow. This is usually continued thirty minutes and repeated twice or thrice in the twenty-four hours, but in extreme cases has been kept up for one or two hours.

These points are given not as anything new, but as reminders of the old, which have such marvellous propensities for getting themselves forgotten.

I. McI.

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#### SUGGESTIONS TO NURSES FROM A PATIENT

DEAR NURSES: Do you always realize how tired we get of our enforced positions in bed or rolling-chair, arm-chair, or couch? How we long for a fresh position, a new arrangement for our weary muscles? We often feel that the nurses in hospital wards are too busy to think of coddling us in all the little ways we would like to be coddled in, but just a little wee bit of extra thought and care outside of the regular orders would be such a great thing for us often; and it is good for you too, dear nurses, to exercise your imagination and ingenuity. Let me suggest a few little points I think of. Some I have learned by observation in hospital wards, and some I have learned by experience. My own good nurses, who had added to their stock of knowledge by studying the cravings of their private patients, during whose care a nurse has more time to think of little things, have taught me many little comfortable ways.

Notice that old woman sitting up in a rocking-chair? She has been in bed for a long time, but now she sits up for several hours every day. The rocking-chair is a good one and has a good back and arms, but if you were that old woman sitting in it you would soon feel that three things about it were wrong, yet perhaps you would not like to stop the brisk, rapidly moving nurse and ask her to relieve the defects; perhaps, indeed, the poor old woman does not know exactly, herself, what would help her to greater comfort. But think. Do you not know how tired the back of one's neck gets holding one's head up, when one is tired or ill, and what a delicious feeling of rest comes with the relaxation of those tense muscles? Take half a minute and make the old body a neck-roll of cotton, covered with old muslin or linen, or slipped into a small pillow-case. Make it fatter at each end than in the middle, so that her head can rest comfortably on either side. Oh, what a feeling of delicious ease! What is the next thing? Why, of course, that hard wooden seat. The old lady is thin; she soon feels as if the bones would come through. Give her anything to make a soft seat,—a cushion or another small pillow, or even an old blanket folded, an air-pillow, a rubber ring filled only a little way with water or air, and, last of all,



the third thing, a little foot-stool for the feet. If you have none, put the dictionary there, or a little wooden box heavy enough to stand still. Now what a happy and comfortable old body you have!

If one must lie in bed all the time, one likes the rest and change of getting right over on the edge of it, and of finding there a low table or the arm of a big chair with a pillow on it, ready to prop and sustain the knees, which one can then drop comfortably over the edge. Do you know how I mean? One of my nurses used to prop me so, and another was pleased with the device and had never thought of it before.

Then too it is a comfort sometimes to find this little, low table with a pillow at the head of the bed, where one can drag shoulders and chest over on it and so feel the rest of a new position.

Don't forget what a rest it gives one, when lying on the back, to have the legs raised and supported by a pillow pushed under the knees,—not a skimpy little pillow, but a good, large, plump one, so that as the knees press on it there is a sense of firmness, and as the legs turn from side to side they feel the support. It is so comfortable too to turn occasionally on one's stomach, and with a small, soft pillow right under the stomach, have the head pillow pushed away, and lie so for a while like a toy turtle on a pivot, with head, arms, and legs all going in any direction. The patient who loves to lie with arms out of bed needs to have the arms covered, and jackets are mussed things and wrinkle under one's back. My nurse had my sister make flannel sleeves for me, long ones, which were fastened to my gown with small safety-pins.

The little head- or neckroll is nice in bed too, for there one sometimes gets the feeling that one's neck is breaking off.

It is good sometimes to sleep, as it were, downhill, with the foot of the bed raised. Or one can have this same sensation by having large pillows placed lengthwise at the foot of the bed, and having one's legs and feet elevated by being laid on this pillow-shelf.

Try some of these little devices. You will like them.

AN OLD PATIENT.

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### INSOMNIA

AN ice-bag placed at the back of the neck and a hot-water bag at the feet will sometimes induce sleep.

The blood-pressure in the brain is lessened by this means, and there being less stimulation, it more easily sinks into a state of repose.

E. R. SCOVIL.

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NURSES wishing to read good books without the expense of buying them should join the "Book Lovers' Library." With the head office in Philadelphia, branch offices are being placed in most of the cities. For five dollars a year one book weekly may be obtained, this being brought to the borrower and called for.





# HOSPITAL AND TRAINING-SCHOOL ITEMS

IN CHARGE OF  
LINDA RICHARDS



## HOSPITALS

To FIND a land where lunatics are successful artisans, tillers of the soil, and builders of railways, one needs to travel no farther than to Willard, in Seneca County, N. Y. In the Willard State Hospital for the Insane the inmates make their own clothing and shoes, manufacture brooms and tinware, and perform much of the ordinary labor of the institution. They work the farm of twelve hundred acres which is connected with the institution, and raise all the food necessary for the hundreds of patients there, besides putting up enough canned fruit to supply all the other State asylums. But the greatest work performed by the patients at Willard was the building of the railroad which connects it with the Lehigh Valley Road, six miles distant. Nearly all the actual work in the building of this railroad was done by the lunatics, and done well. This idea of giving to the inmates of the institution steady work, and as much of it as possible out-of-doors, has had a beneficial effect upon them.

In the Pennsylvania Hospital for the Insane the inmates do some creditable work in modelling clay, producing pottery and busts of really good workmanship and artistic design. In Great Britain and some other European countries a system of reasonable work for the inmates of insane asylums has been introduced with excellent results. The first institution for insanity as a disease was established in this country through the efforts of Benjamin Franklin in 1751. England had no such institution until forty-one years later, and France followed forty-three years later. Great changes have been made in the treatment of the insane in the last fifty years. Half a century ago forty per cent. of the patients were under physical treatment. Now, it is said, there are only about one per cent. so restrained.—*New York Herald*.

At Missoula, Mont., the employés of the Northern Pacific Railway maintain a railway hospital which is coming into prominence as a model of its kind. A second hospital, almost as large and equally well fitted, is maintained at Brainerd, Minn. Both are operated by the Northern Pacific Beneficiary Association, which is in turn maintained by monthly payments from the men themselves.

The institution at Missoula occupies an entire square and stands in the centre of the handsomest grounds in the city. It is under the direction of a skilled railway surgeon, has a complete staff of physicians, surgeons, and nurses, and is fitted with the best mechanical appliances that money can procure. The monthly payments for its maintenance come in small sums, from twenty-five to fifty cents. The hospital, with the companion institution at Brainerd, is always open to employés without charge. Each man in Northern Pacific service has the right of treatment for any injury received at his work. While sick and convalescent, he is cared for by the association. Thousands of cases are treated in the two hospitals each year, ranging from minor injuries to the fatal hurts some-



times received in wrecks and accidents. The hospitals, with the accident insurance societies, to which nearly all railway men belong, form a sure protection in case of sickness, accident, and death.

AN ACT making an appropriation for the construction of buildings for the New York State Hospital, for the treatment of incipient pulmonary tuberculosis.

Became a law, May 3, 1901, with the approval of the Governor. Passed, three-fifths being present.

The people of the State of New York, represented in Senate and Assembly, do enact as follows:

Section 1. The sum of one hundred thousand dollars, or so much thereof as may be necessary, is hereby appropriated out of any money in the State treasury, not otherwise appropriated: for the construction of all necessary and suitable buildings, which shall furnish accommodations for at least one hundred patients, besides the officers, employés, and attendants of said institution, for the New York State Hospital for the treatment of incipient pulmonary tuberculosis, including heating, lighting, plumbing, laundry fixtures, and water supply therefor, the construction of roads leading thereto, and for the equipment and furnishing of such hospital when completed with all necessary fixtures, furniture, and implements required for the use and maintenance of such hospital.

A HOSPITAL building is to be erected by the Southern Pacific Railroad Company at El Paso, Tex. It will be on designs by Frank S. Van Trees and will have accommodations for fifty persons. The structure will be of brick, covered with cement, and will consist of a main building two stories high, with basement and two wings, each one story in height, with basement. They will be connected by wooden solaria, this material being employed so that in case of the presence of contagious disease the connecting structure may be destroyed by fire. In the basement of the main building will be waiting-rooms, kitchen, etc., while on the first story will be patients' waiting-rooms, private and general waiting-rooms for the physicians, the general operating-apartment, and quarters for the druggist and the chief nurse. The basement of the westerly wing will be set apart for Japanese and Mexican patients, and that of the easterly wing for the heating apparatus of the hospital. On the first story of the annexes and on the second floor of the main building will be wards of two, four, and eight patients, while the upper portion of the central structure will be devoted to the care of private patients.

A NEW hospital, costing half a million dollars, is about to be built by the French Benevolent Society in New York City, N. Y. The building will contain many French ideas in furnishing and equipment new to American hospitals. One of the most striking features will be a completely isolated ward for consumptives on the top floor. Each ward will have a sun parlor of its own in the rear of the building. The French government has contributed one hundred thousand francs (twenty thousand dollars), together with a valuable Gobelin tapestry, to the hospital fund. The Gobelin tapestry is said to be the finest of its kind in America. It is from the painting by David, and represents Napoleon at Jaffa. It is valued at fifty thousand dollars, and will be sold for the benefit of the society.

THE New Hospital of the Sisters of Mary, Chicago, Ill., is near completion. The building is in the French Renaissance style of architecture, six stories high,



and is very perfect in its equipment throughout. The operating-rooms are on the top floor. On the north and south sides of the building are inclosed porches, which can be so heated as to be habitable the year around. Mother Laretta, the head of the order, under whose direction the hospital was built, was the Countess Luvowidzka. The order, while not large numerically, is wealthy, and the new Chicago hospital is in keeping with the size and beauty of its buildings in other cities.

WORK has already been begun on the new building which is to be added to the Hahnemann Hospital in Rockingham Street, Rochester, N. Y. The building will be seventy-two by eighty-two feet in size and will be two stories high. It will be constructed of brick, with stone trimmings. The front of the building will face the south, and it will be joined to the present structure from the west. It will cost about twenty-five thousand dollars. The addition is the gift of a prominent citizen.

PLANS have been filed with the Department of Buildings for the erection of two one-story frame hospital buildings on North Brother Island, off East One-Hundred and Thirty-ninth Street, New York City, N. Y. The buildings will occupy a site twenty-six by ninety-eight feet, and will be known as the Riverside Hospital. They will be used for contagious-disease patients. Each building will cost nine thousand five hundred dollars. The city of New York is the owner.

ST. CATHERINE HOSPITAL of Brooklyn, N. Y., is to have an addition costing two hundred thousand dollars. The hospital is in charge of the Order of the Sisters of St. Dominic. It treats five thousand patients annually, and is in one of the most populous sections of the city.

DR. J. G. LYND, who recently resigned from the chair of acting professor of diseases of women and obstetrics, Ann Arbor, Mich., has opened a large private hospital for the care of women only at 1021 East Huron Street. Dr. Clara Dedrick, assistant to the same chair in the university, will be the resident physician. Only women suffering from non-contagious troubles will be admitted, and all operations will be private.

BY the will of Mrs. Elizabeth N. Thompson, widow of Dr. Austin W. Thompson, which has just been filed, the sum of twenty-five thousand dollars is given to the Cooley-Dickinson Hospital, Northampton, Mass., the bequest to take effect upon the death of Mrs. Thompson's step-daughter, Caroline A. Thompson, and to be used as a memorial to the late Alexander P. North, a former resident of this city.

THE Austro-Hungarian Hospital, at 324 and 326 East Third Street, New York City, was opened for the reception of patients September 14. The hospital contains thirty free beds and a dispensary, and is for the reception of all patients, not being confined to any particular class. The formal opening of the hospital has been postponed to some future date, owing to the death of the President.

THE Board of County Commissioners at Butte, Mont., has decided to build a new county hospital at a cost not to exceed twenty thousand dollars. The building is to be constructed much after the plan of the hospital of Lewis and Clarke County, which the Silver Bow Commissioners consider a model institution.



BEQUESTS of one hundred thousand dollars each to the Massachusetts General Hospital and the Boston Museum of Fine Arts and fifty thousand dollars each to the Children's Hospital and the Massachusetts Charitable Eye and Ear Infirmary were found in the will of Charles W. Hayden, late of Boston, Mass.

COLONEL JOSEPH T. McTEER, chairman of the Building Board of the City Hospital, Chattanooga, Tenn., believes that the new structure should be completed and ready for occupancy within a month's time. What work remains to be done will be pushed as rapidly as possible.

WORK on the Asbury Hospital of Minneapolis, Minn., has been brought to a stand-still by the difficulty in obtaining important building material and the lack of skilled labor. The board already has ninety thousand dollars in hand, with more in prospect, for this work.

THE asylum for the insane in Norfolk, Neb., was completely destroyed by fire September 24, and it is believed that three of the inmates were burned to death. The loss on the buildings and their contents will reach not less than three hundred thousand dollars.

MRS. THOMAS RYAN, of New York, proposes to erect in Lynchburg, Va., a hospital which when completed will cost two hundred thousand dollars. Lynchburg has already a Masonic Hospital, two private sanatoriums, and the City Hospital.

A PERMIT was issued to the German Deaconess Home, Cincinnati, O., for the erection of a four-story brick and stone hospital on Clifton Avenue and Straight Street, Clifton. The plans call for a building which will cost sixty-five thousand dollars.

THE new French Hospital, Troy, N. Y., is a very large and handsome building. The roof is so broken up with towers and gables that the effect is good, and it is one of the most impressive buildings in the city.

A NEW Homœopathic Hospital for the Insane is to be built at Mauch Chunk, Pa. The site has not been selected. A committee of two has been appointed by Governor Stone to make the selection.

THE Cosmopolitan Hospital Society has been incorporated to maintain in New York City a hospital wherein the method of treating the sick shall be according to the Eclectic School.

THE new German Deaconess Home and Hospital, Cincinnati, O., is to cost sixty thousand dollars. The outside of the building will be faced with pressed brick with stone trimmings.

GRANT HOSPITAL, Columbus, O., has been opened for public inspection. The accommodations of the hospital have been greatly increased, and charity patients will now be received.

AT Birmingham, Ala., a new hospital is being built, to be known as the "New Hillman Hospital," which will be four stories high and very complete in its equipment.



THE New York Post-Graduate Hospital, New York City, N. Y., has bought a lot adjoining the present hospital and will erect an addition to the hospital upon it.

WHITE HAVEN, Pa., is to have a Free Hospital for Consumptives. Drs. Dickson and Thomas, of Philadelphia, donated the money to erect the building.

THE Sacred Heart Hospital of Spokane, Wash., is to have an addition, which will be a three-story structure connected with the old building by a corridor.

IMPROVEMENTS are being made to the Williamsport Hospital, Williamsport, Pa., in the way of additions to the woman's ward, kitchen, and laundry.

THE new hospital at Fort Ontario, Oswego, N. Y., just completed by the United States Government, is one of the finest in the army posts.

MINNEAPOLIS, Minn., is to have a new Swedish Hospital which will cost twenty-four thousand dollars. The foundation is already laid.

SAN ANTONIO, Tex., is having much work done on the City Hospital, and when finished it will be very much improved and enlarged.

THE contracts for the construction of the new hospital of the Ladies' Union Charitable Society, Lawrence, Mass., have been awarded.

THE Cadet Hospital, West Point, N. Y., is to have a new wing. Plans have been completed and work will soon be commenced.

THE State Asylum for the Insane at Los Angeles, Cal., is to have a new wing which will cost forty thousand dollars.

MILWAUKEE COUNTY HOSPITAL, Milwaukee, Wis., is to have an addition which will cost eighty thousand dollars.

VICTOR, Col., is to have a hospital. A site has been donated, and work upon the hospital will soon be commenced.

THERE is to be a new hospital built in connection with the Veterans' Home, Yountville, Napa County, Cal.

THE new Insane Asylum at Salt Lake City is completed, and will soon be furnished and ready for use.

THE Protestant Sanatorium, Dallas, Tex., is completed.

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### TRAINING-SCHOOL NOTES

THE following is the programme of a Practice Exhibit given by the Rochester (N. Y.) Homœopathic Hospital Training-School:

1. Bed-making: *a*, making bed; *b*, changing bed of helpless patient; *c*, changing mattress with patient in bed.
2. Lifting helpless patients: *a*, in arms; *b*, on stretcher; *c*, with fractured leg.



3. Bandaging: *a*, spiral bandage for hand and arm; *b*, spiral bandage for foot and leg; *c*, Barton's bandage for jaw; *d*, capeline bandage; *e*, handkerchief bandage to head; *f*, sling for forearm; *g*, sling for arm.

4. Rolling plaster bandage. Making an application of flannel bandage. Temporary pillow splint for fractured leg. Application of plaster bandage to leg.

5. Preparation of nurse's hands before surgical operations—two methods.

6. Preparation of leg for surgical operation.

7. Cold pack. Cupping. Fomentations. Poultices. Application of pneumonia jacket. Measuring medicine.

8. Feeding patients: *a*, resisting patient; *b*, helpless patient; *c*, unconscious patient; *d*, by gavage; *e*, convalescent patient.

9. Preparation of child for intubation. Position of nurse and child for intubation. Croup tent.

10. Washing and dressing infant. Two methods of resuscitating new-born infants.

11. Methods of removing patients from a burning building. Artificial respiration.

AN experiment to keep track of the number of articles sent to the laundry from each department weekly has been made at Lakeside Hospital, Cleveland, O., the last few months.

The list of all linen sent to the laundry is kept on file until evening, when the total in each ward is entered into a note-book ruled for the purpose with divisions into days and weeks. This is repeated daily, and in this way the total is easily obtained at the end of the week.

Miss Sutherland, head nurse of the gynæcological ward, started this plan, and it seemed such a good one that it was adopted in each ward and other departments. The head of the laundry department was provided with a book similarly prepared, but in addition divided into the various departments of the institution. He enters all he sends from the laundry to each department, so that an accurate check may be kept on the individual department and the laundry by each other. The starting of this system involved some little work and seemed an unnecessary burden to already busy people. The work, however, has brought with it a satisfaction. Each head nurse can account at any moment for all the linen which belongs to her ward, and she knows exactly the amount of linen sent to the laundry daily, weekly, monthly—yearly, if desirable. It is a constant reminder to all of the necessity of economy in the use of linen.

WITH a view to improve the Nurses' Training-School at the City Hospital, Baltimore, Md., the Sisters of Mercy in charge of the institution have made two important additions to the teaching staff for the present year. They are Miss Dryden, a graduate of the Pennsylvania Hospital at Philadelphia, and Miss Isabel Huggins, also of Philadelphia. Miss Dryden has been appointed superintendent and Miss Huggins will teach dietetics. Miss Dryden has already been at the hospital for some months, and Miss Huggins is expected to arrive this week. She has been connected with the Drexel Institute.

MISS SUSAN J. FISHER, Massachusetts General graduate, has resigned as superintendent of the Butterworth Hospital, Grand Rapids, Mich., to take the course in hospital economics at Columbia University. The secretary of the Board of Managers in a personal letter to the editor speaks of Miss Fisher in the following manner: "After Miss Fisher we can have no second-rate superintendent.



We must see that the atmosphere and the technique of our hospital are kept up to the high plane on which Miss Fisher has placed them."

PLANS are being prepared for the building of a training-school for nurses to be attached to Mount Sinai Hospital, New York City, N. Y. The new structure will be of red brick, with Indiana limestone trimmings, to conform to the hospital structural material. It will be seven stories high, the ground plan being sixty-five by one hundred feet. The approximate cost will be one hundred and fifty thousand dollars. Accommodations will be provided for one hundred and seventy-five nurses.

MRS. FLORENCE A. DORK, who has recently been appointed head nurse in the Saginaw (Mich.) General Hospital, is a graduate of the Erie County Hospital Training-School of Buffalo, also of the Woman's Hospital School of New York, and was for two years in charge of the recovery wards of Roosevelt Hospital, N. Y. Mrs. Dork's position is practically that of assistant to Miss Annie M. Coleman, who is superintendent of the hospital.

MISS MARIA DANIELS, lately in charge of the hospital at North Adams, Mass., has been appointed assistant superintendent to Miss McKechnie at the Woman's Infirmary, Livingston Place, New York City, N. Y. Miss Daniels was graduated from the Johns Hopkins Hospital Training-School for Nurses in 1895.

THE Lakeside Hospital, Cleveland, O., has the customary report to make of its last class of graduates. Only five out of the sixteen who graduated in June could be persuaded to accept institutional work. All the others have already started private nursing in Cleveland or intend to do so.

MRS. GEORGE A. HOLLISTER is building in connection with the Rochester Homœopathic Hospital a house for the superintendent, Miss Allerton, who has been in charge of the hospital since its opening, and has seen it grow from thirty-six to one hundred and twenty beds.

THE engagement is just announced of Miss Sophia Spencer to Dr. D. M. Cammann, of New York. Miss Spencer is a graduate of the Presbyterian Hospital School of New York City, and has recently resigned as superintendent of the Laura Franklin Hospital for Children.

MISS MARY FORBES, graduate of St. Luke's Hospital School for Nurses of Chicago, Ill., has resigned her position as superintendent of the New Orleans Training-School to take charge of that attached to the Shreveport Sanatorium, La.

MISS BERTHA M. SMITH, graduate of the Rochester Homœopathic Hospital School for Nurses, has recently accepted the position as superintendent of the Children's Homœopathic Hospital of Baltimore, Md.

MISS K. E. H. DUMBELL, graduate of the Johns Hopkins Hospital Training-School for Nurses, Class of '96, has been appointed superintendent of nurses of the Protestant Hospital, Columbus, O.

MISS GRACE SYKES, a graduate of the Johns Hopkins Hospital Training-School, Class of '95, has been appointed superintendent of nurses at the Geneva Hospital, Geneva, N. Y.



# OFFICIAL REPORTS OF SOCIETIES

IN CHARGE OF  
MARY E. THORNTON



## SECOND ANNUAL MEETING OF THE SPANISH-AMERICAN WAR NURSES

REPORT PREPARED BY DR. ANITA NEWCOMB MCGEE

IN September, 1901, when so many nurses were gathering at Buffalo, the Spanish-American War Nurses also assembled there for their second annual meeting. We were so fortunate as to have many members from a distance with us, two having lately returned from the Philippines, and others coming from Minnesota, Illinois, Michigan, Kentucky, and Tennessee, while a large delegation came in a body from Boston. Of course, New York and the near-by States were well represented, there being about fifty names enrolled on the register.

The meeting was opened on the afternoon of Monday, September 16, in one of the beautiful halls of the Woman's Educational and Industrial Union. The first business on the programme was the address of the president, Dr. Anita Newcomb McGee, who was in the chair throughout the meeting. Her remarks were as follows:

"To the Spanish-American War Nurses in Buffalo assembled a most cordial greeting is extended. For the second time in our history we now have the pleasure of taking the hands and looking into the faces of our comrades in camp and field, in the army hospitals of home and of distant islands. Some have worked side by side on the battle-field of disease and death, while others meet now for the first time to exchange tales of their adventurous work.

"To our inexpressible grief, we assemble to-day in the shadow of an overwhelming calamity. He who was the Commander-in-Chief of the Army when we had the honor of serving in it has passed away—as truly a martyr for his country as was any soldier who fell upon the field of battle. The loss to the world is too great to be put into words, but may we not at least send some expression of our deep sympathy to the lonely wife, so suddenly bereft of all that was dearest and most precious to her?

"It seems befitting that at this—the second—meeting of the Spanish-American War Nurses we should glance at both the past and the future of the organization. Our first meeting, held in New York a



year ago, was distinctively a preliminary, organizing one. The original committee, having accepted five hundred members, called these members together to plan for and to form a society which should perpetuate our army work and form between us a bond for mutual pleasure and benefit. A constitution was then adopted, making eligible to active membership only graduate nurses and physicians who had held official appointments in the United States Army for at least one month in 1898. Non-graduate army-nurses were provided for as associates, and honorary members were designated as persons who had 'rendered distinguished aid to the Army Nurse Corps during the Spanish-American War.' No associate or honorary members were elected at the first meeting. The constitution further provided for peripatetic meetings, for officers (viz., a president, ten vice-presidents, a recording secretary, and a treasurer, who should also act as corresponding secretary), and for a benefit fund.

"No account of our first meeting is complete without reference to its delightful evening reception, luncheon, and other social features.

"During the past year your Executive Committee has transacted such business as was necessary. Most of our work has, of course, been carried on by Mrs. Lounsbery, treasurer and corresponding secretary, in her usual whole-hearted way. We are indebted to Miss Walton, vice-president, for her work in examining all the society's bills before payment was made and for service on the Admission Committee.

"As you know, our present meeting is not exactly what was planned a year ago. In view of the gathering of an International Congress of trained nurses in this city during the present week, and of the interest attached to the Pan-American Exposition, now being held here, many requests were received from members that we should come here at this time instead of going to Washington. The question was submitted to the Executive Committee, and the result was a unanimous vote in favor of Buffalo. It is our hope that this change of plan will be proved wise by a large attendance, both this year here and next year in Washington.

"Owing to the other attractions just mentioned, our present meeting is necessarily made as brief and business-like as possible. Our most important work is the adoption of by-laws, a draft of which is presented by your Executive Committee in accordance with instructions at the last meeting.

"One of these by-laws provides for the formation of branches, to be called 'camps,' which will permit the gathering of congenial members during the year and of their being in communication with each other at all times. These camps will not only be a source of pleasure and profit to the members forming them, but they will also enable the parent society to keep track of those in whom it is interested, and will aid it in dis-





ORDER OF SPANISH-AMERICAN WAR NURSES

International Congress of Nurses, Buffalo, September 18-21, 1901







pensing the benefit fund. It is sincerely hoped that each member will join one of these camps.

"Another matter to be decided is the disposition of the monument fund. Prior to our first meeting the preliminary committee undertook to raise a fund for a handsome monument to the army nurses who had died in the service. Its location was to be in the plot set aside for the Spanish War nurses in the National Cemetery at Arlington, near Washington. Unfortunately, the Secretary of War has never authorized the erection of this monument, and therefore the fund is still untouched and in our treasurer's charge. Shall this sum continue to be held intact, shall it be added to the benefit fund, or shall other disposition be made of it? Fortunately, the monument question does not at all affect the distinguished right of burial with the army and navy in beautiful Arlington, which the Congress of the United States has granted to all 'honorably discharged army nurses.'

"Your president was asked several months ago to appoint delegates to represent us at the International Congress of Nurses. Pursuant, however, to the policy of not assuming any unnecessary authority, she preferred to wait until this meeting and ask the members to themselves nominate and elect their delegates. As the programme of the Congress covers a wide range of topics of vital interest to the profession, our delegates should be nurses of broad views and should also be able to add to the value of the Congress by expressing themselves in the debates which are to be one of its important features.

"The proceedings of our last meeting were, as you remember, written out rather fully by your president and published in *The Trained Nurse* for November last. Might it not be well to make this magazine our organ, in which all official reports and notices of the society, as well as notes of the camps, will appear? This would not preclude duplicate publication elsewhere whenever desirable. It would also seem desirable to issue to each member a pamphlet containing the proceedings of the present meeting, with the constitution and by-laws.

"When this society was originally planned the expectation was that all eligible and acceptable war nurses should become members for life. The large majority of these have joined us, but there still remain a certain number who, generally for some trivial reason, have not yet done so. Each one of you will surely agree in the opinion that every trained nurse of unstained character and honorable war record ought to be one of us, so that our badge shall have a very definite meaning, and its absence, in the case of a nurse who claims war service, perhaps also will have a meaning.

"Cannot each member undertake to aid in assuring that all the



trained nurses who ought to join us shall do so before another meeting?

"This brings up a related matter of vital importance to our organization. We are, from the very character of our foundation, essentially and necessarily a life society. 'Once a member, always a member,' must be our principle. To have hundreds of nurses—even to have a single nurse—wearing our badge and yet not being a member is an anomaly; indeed, we may go further, and say it is an impossibility. The inevitable conclusion from this is that the method of demanding dues *annually* cannot be maintained, for this plan, especially with nurses scattered over the whole world and constantly moving, entails an ever-increasing list of resignations and of members dropped for non-payment of dues, until before long we shall not know what we are or where we stand. The only way to avoid this is to inaugurate the plan of paying a single fee at one time, which shall constitute a life-membership and exempt from all further payments. With proper economy we can meet necessary expenses on the interest from life-fees as small as five dollars a member, and surely every one of you would rather pay that sum down than be bothered with bills for a dollar every year. This will greatly economize the treasurer's work and expenses, while the saving to the members is self-evident.

"The only thing necessary to make this a success is that we shall reach every member and put her name promptly on our list of 'paid up for life.' This means work on the part of the officers you elect for the coming year, and it means the help of every one of you through direct personal and local influence with your friends who have been unable to meet with us and who should be urged to promptness in this payment. Let us settle this once for all, and be done with the money question.

"A word now as to the future of these reunions, which are so delightful and valuable a feature of our society.

"The next meeting will, of course, be held in Washington. Its character will naturally be official, social, and reminiscent, with very little business, and it will inevitably be a gathering of real interest in many ways. If practicable, let the Washington meeting be held in December, when Congress will be in session, all the public buildings open, and the Capitol and its high officials seen at their best.

"In accordance with a promise made at the last meeting, the assurance was received before the change to Buffalo was suggested that if the President were in Washington this September he would be pleased to receive the Spanish-American War Nurses. How little we thought then that his last reception would be over before we met.

"In 1903 we should remember our Western members, and perhaps gather in St. Louis during the great and unique exposition which is to



be held there, and at later dates we should go from Boston to San Francisco, or even to Manila, that all may have a chance to meet and renew old friendships and again to rally under the flag. May each meeting be more successful than the last!

"Before closing these running notes I beg to congratulate you on the distinguished mark of success which during the past year has crowned your army work. The Army-reorganization Bill, which became a law last winter, for the first time in our country's history made women—and those women our own trained nurses—an integral part of the Army of the United States. They now belong to the army as fully as any major-general, and the word 'nurse' has assumed a new meaning as an established military rank.

"This success of your fellows and successors is emphatically *your* work. It was your devotion to your country, your many self-sacrifices, the esteem you won by hard work and true, noble womanhood, that won this national recognition from our rulers.

"Again I congratulate you, and on behalf of American women, I thank you who bravely entered untrodden paths to win for your sex fresh honors!"

Immediately on the close of this address Dr. Hughes moved that the following telegram be sent to both Mrs. McKinley and President Roosevelt, which motion was unanimously carried:

"The Spanish-American War Nurses, in convention assembled at the Woman's Educational and Industrial Union, Buffalo, New York, herewith sympathize with you in your and our country's great loss in the death of our beloved President.

"DR. ANITA NEWCOMB MCGEE,

"President, Washington, D. C.;

"DR. LAURA A. C. HUGHES,

"Vice-President, Boston, Mass.;

"MISS LELA WILSON,

"Recording Secretary, Boston, Mass.;

"MRS. HARRIET CAMP LOUNSBERY,

"Treasurer and Corresponding Secretary, Charleston-on-Kanawha, W. Va."

Following this action the corresponding secretary read a brief report of having fulfilled her duties during the year, and, as treasurer, reported a balance in the treasury from dues received amounting to ninety-one dollars and forty-four cents. She also held in bank the monument fund of two hundred and sixty-five dollars and sixty-three cents, and receipts for the benefit fund of one hundred and seventy-one dollars and fifty cents. The surprising feature of this report was the statement that less than one-half of the five hundred members admitted at the last meeting had as yet paid any annual dues. Mrs. Harriet Camp Lounsbury, the



corresponding secretary and treasurer, further reported the case of a former army nurse, who at last reports was known to be very ill of consumption. As this nurse was desirous of securing a government pension, Mrs. Lounsbery thought it possible that a small part of the benefit fund might be of service to her. Authority was therefore given for a disbursement on behalf of this nurse if it should seem desirable after further inquiry. After the Auditing Committee had reported the treasurer's books as correct, both Mrs. Lounsbery's reports were accepted.

When the president called for memorial notices of any of our nurses who had died during the past year, the list was found to include the names of Harriet L. Gaddis, who had since her army service become the wife of Lieutenant Lee, Miss Alice Roberts, Miss Elizabeth McDonnell, and Miss Clara Maass, who had lately died a martyr to science. Miss Maass, who was nursing in the Las Animas yellow-fever hospital at Havana, allowed herself to be bitten by an infected mosquito and died of the fever thus contracted. Report was also made of the death of Miss Dorothy Helen Cochrane at Iloilo, P. I., while in the army service there.

The names of applicants approved by the Committee on Admission were then read by Mrs. Lounsbery, the secretary of that committee. This list included forty-eight active members and one associate member, and a motion was carried that the same procedure regarding admission as was adopted last year should again be followed. In accordance with this, any member having an objection to the admission of an applicant whose name was read should report the same to the corresponding secretary before the session next day. After the proposed by-laws were read for the information of members a recess was taken until the following day.

At the session on Tuesday morning it was announced that no amendments to the constitution had been proposed, and therefore that the by-laws presented by the Executive Committee would be acted on at once. These were taken up, section by section, and after several amendments had been made they were adopted as a whole. In addition to the matters usually contained in by-laws, provision was made for the Executive Committee to "include all officers except those so far from the United States as to render prompt correspondence impracticable," and for standing Committees on Admission, Finance, Auditing, and Publication. The official organ is to be THE AMERICAN JOURNAL OF NURSING, but all reports, announcements, etc., are to appear simultaneously in *The Trained Nurse*.

The plan of life-fees, presented as an alternative to the existing rules, was rejected, and the usual admission fee and annual dues system was retained, adding, however, an optional life-membership on the payment of twenty-five dollars. Under the head of "badges" provision was



made for the return of the badge of a member resigning or dropped from the society, with the penalty of having her name published as holding illegally the insignia of the war nurses.

The most important article adopted was that providing for the formation of camps "by any five or more members of the society, whether living in one locality, or in one State, or having served at one army hospital, or united for any other reason." The camp officers, to distinguish them from the officers of the general society, are to be designated as captain, lieutenant, and adjutant, the last-named acting as secretary and treasurer. Membership in the camps is limited to the members of the society, but such members may join more than one camp or transfer from one to another at will.

In connection with the paragraph on "discipline," instructions were given the Committee on Admission and the Executive Committee regarding just and thorough investigation of any charges which might be brought against an applicant or a member, and directing that, if practicable, direct evidence be obtained by the camp most likely to be interested.

On motion of Mrs. Lounsbery it was ordered that the constitution and by-laws, with a list of officers and members, should be printed in small pamphlet form and mailed to each member, together with reprints containing an account of the proceedings of the second meeting.

No objection having been made to any of the applicants for membership whose names had been read the previous day, they were all declared to be duly elected members of the society.

The election of officers for the ensuing year being the next business on the programme, nominations were called for, and it was moved by Miss Stack and seconded by practically everyone present, that the present officers be elected to serve for another year, with the addition of two new vice-presidents to fill vacancies. The names of the present officers were read as being placed in nomination for a second term, and to them were added the names of Miss Yssabella Waters and Miss Elizabeth R. Porteous as vice-presidents. By a unanimous vote the secretary was instructed to cast the ballot for the officers nominated, the list being as follows: President, Dr. Anita Newcomb McGee; vice-presidents, Dr. Laura A. C. Hughes, Miss Mary J. McCloud, Miss Isabel Jean Walton, Dr. Isabel Elliot Cowan, Miss Annie A. Robbins, Miss Rose Meiselbach, Miss Mary E. Dreyer, Miss Anna Elizabeth McEvoy, Miss Waters, and Miss Porteous; recording secretary, Miss Lena Wilson; treasurer and corresponding secretary, Mrs. Harriet Camp Lounsbery.

Dr. Hughes, Miss Walton, Miss Porteous, Miss Wilson, and Mrs. Lounsbery, the officers present at the meeting, with the exception of Dr.



McGee, who withdrew her name from nomination, were then elected delegates to the International Congress of Trained Nurses to be held in Buffalo, September 18 to 21.

On motion of Miss Wilson, the election of honorary members was postponed until the next meeting. Those who nominated honorary members at the New York meeting are requested to send to the recording secretary a statement as to qualifications of each candidate for use at the time of election.

The selection of Washington, D. C., as the place for holding the third annual meeting was made unanimously, and the time set was December, 1902, preferably during the second week. It is expected that the Washington meeting will be noteworthy from both official and social points of view, and considerable enthusiasm was expressed regarding the prospect of a large attendance at the time named.

Votes of thanks were extended to Miss Annie Damer for her valuable assistance in securing the Woodbine Hotel as our head-quarters, and also to Dr. Roswell Park for his courtesy in inviting nurses to his operations at the Buffalo General Hospital.

On motion of Dr. Hughes, fifty dollars was voted as an honorarium to the treasurer and corresponding secretary. The monument fund was ordered kept separate, as at present, and placed at interest in a savings-bank. The benefit fund was also ordered placed in a savings-bank. The chair was instructed to appoint a committee of three to inquire into the desirability of incorporation.

There being no further business before the society, the second annual meeting adjourned at one o'clock, September 17.

This close of the formal business, however, by no means closed the interests of the week. On Tuesday evening all the members and a few guests, to the number of seventy-five persons, dined together informally at head-quarters, and a most delightful evening was enjoyed. The sessions of the International Congress, several receptions, and the charm of the Pan-American Exposition all aided in making the days spent at Buffalo ones to be long remembered by those who were so fortunate as to be present.

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#### THE MONROE COUNTY NURSES' ASSOCIATION

THE Monroe County Nurses' Association held its regular quarterly meeting at the Homœopathic Hospital in Rochester on Tuesday, October 1, the president, Miss Palmer, in the chair. Seven new members were admitted, and after the regular routine business had been transacted Miss Allerton, delegate to the Congress at Buffalo, gave an interesting description of the convention, emphasizing one feature, which she said was particularly noticeable and pleasant,—that the



nurses met on sisterly grounds, the question of schools not entering into their relations, the prevailing spirit being one of helpfulness.

Two very interesting talks were given, the first by Miss Julia Bailey, who spoke on "The Value of Microscopy to a Nurse in a Physician's Office," in which she gave an account of her own experience while taking a post-graduate course in New York in bacteriology and microscopy. Miss Mary L. Keith, superintendent of the City Hospital, gave a valuable talk on "Modern Obstetrics," and was introduced by Miss Palmer as the former superintendent of the Lying-in Hospital of Boston, an institution which stands at the head of its kind in this country.

Miss Palmer next presented the subject of hourly nursing for Rochester, and strongly advocated the need for such work there, declaring that there is a demand for services of the trained nurse by many people who cannot afford to hire one regularly and pay her from eighteen to twenty dollars a week, but yet who are able and willing to pay from six dollars to twelve dollars and who are not willing to accept a visiting nurse, whose services are intended for the very poor. Miss J. J. A. Cunningham was asked to speak on the subject, and she gave her experience as one who had tried to introduce the system of hourly nursing in Rochester a number of years ago.

It was in 1895, when she returned from a vacation and was not feeling equal to spending from three to four months with a patient, but she thought she could do some nursing each day. She called on sixty-three physicians, and sixty out of the sixty-three told her to go on with the scheme. She sent out three hundred cards to all the physicians, clergymen, and others interested in philanthropy, and the very first call came to her from one of the physicians who declared she would never have a call. She tried it for three months, at the end of which time she had three nurses assisting her. Then she was obliged to leave town and the work was dropped. Many physicians, however, are now urging the nurses to take up the work, because it fills a need and is of great value to a large class of people.

After considerable discussion it was decided that the association indorse the movement, and a committee was appointed by the chair to represent the association in the movement and see that nurses are supplied for this purpose. Miss Hollister and Miss Sercombe declared themselves as ready to take up the work immediately, and the committee is to furnish additional nurses when they are engaged. It was decided to place the plan upon a working basis as soon as possible.

As a result of this meeting the following circular has been issued:

"The Monroe County Graduate Nurses' Association announces that the Misses Hollister and Sercombe, graduates of the Rochester City Hospital, and Miss Harp, graduate of the Rochester Homœopathic Hospital, will take up visiting nursing. The work consists of baths, massage, alcohol rubs, electricity, obstetrics, minor surgery, and general nursing at the following prices: Seventy-five cents for first hour and fifty cents for each additional hour, obstetrics, minor surgery, and massage extra. In case these nurses are all occupied, a committee, consisting of Miss Langstaff, City Hospital, 'phone 656, chairman, Miss Lowry, Homœopathic Hospital, 'phone 400, and Miss Cone, 43 East Avenue, 'phone 360, will always supply a nurse."

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THE Press Committee appointed by the Executive Committee of the International Congress of Nurses will gladly receive any corrections in names and



addresses of delegates to the Congress, or notice of omissions in the "Hand-book" and Congress number of JOURNAL.

The Press Committee is beginning the work of preparing all the Congress material for publication and is desirous of having it free from all errors.

Such items should be addressed to Miss Dock, 265 Henry Street, New York City, chairman Press Committee.

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### AMERICAN SOCIETY OF SUPERINTENDENTS OF TRAINING-SCHOOLS FOR NURSES.

MEMBERSHIP QUALIFICATIONS AS DEFINED BY THE REVISED CONSTITUTION PASSED AT THE SECOND SESSION OF THE ANNUAL CONVENTION, TUESDAY, SEPTEMBER 17, AT BUFFALO.

THERE shall be two classes of members,—1, active; 2, honorary.

Active members of the society shall include members of the preliminary organization, all past superintendents who were members while holding that position, all present superintendents of training-schools, hospitals, and nursing bodies, and all assistant superintendents, if qualified as specified in the by-laws and acceptable to the society.

Honorary members shall be those of whom the society wishes to signify its appreciation and hold in grateful remembrance for signal service to the profession or to humanity.

Superintendents of training-schools and hospitals shall be graduates from training-schools connected with general hospitals giving not less than a two-years' course in the wards of the hospital, or whose experience, gained by post-graduate or other additional training-school work, might be considered an equivalent. They must be endorsed by two members of the society.

Assistant superintendents must have the same qualifications and endorsements as superintendents; but in addition must be endorsed by their superintendents.

Superintendents of nursing bodies must have the same qualifications and endorsements as superintendents, but in addition must be in regular standing with their alumnae societies and endorsed by the presidents of the same.

[The method of application for membership with other details of the constitution and by-laws remain essentially the same as before.]

L. L. DOCK,  
Secretary.

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### GRADUATED NURSES' ASSOCIATION, JAMESTOWN, N. Y.

THIS association was organized in November, 1899, with eight members, the officers elected being Annie Detwiller, president; Mary Hibbard, vice-president, and Augusta Lindblad, secretary and treasurer, and all were reelected at the first annual meeting except Mary Hibbard, Iona Haskin being elected vice-president for this year.

We have taken in three new members and one of the old members withdrew, leaving us now with ten members in good standing.

AUGUSTA LINDBLAD,  
Secretary.



THE Nurses' Alumnæ Association of the Cooper Hospital, Camden, N. J., held its regular quarterly meeting October 17.

An amendment to the constitution to the effect that we hold monthly meetings from October until June was laid upon the table.

It was decided to have a course in Parliamentary Law during the coming winter, and we look forward to our meetings being well attended.

Yours sincerely,

IRENE B. MYERS,  
Secretary.

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In the spring of the present year ten of the graduates of St. Vincent's Hospital, New York City, met and formed an alumnæ association. The meetings are held at St. Vincent's Hospital the first Friday of the month (except July and August), at three-thirty P.M. The association now numbers thirty-seven.

The following officers were elected to serve for the first year: President, Mrs. Mary Arrison, '95; vice-president, Miss Agnes Hanly, '97; secretary, Miss Caroline V. Marquis, '97; treasurer, Miss Anna Moore, '99.

CAROLINE V. MARQUIS,  
Secretary.

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MISS T. A. KRITZNER, the delegate to the Nurses' Congress in September for the German Hospital Alumnæ Association, is a graduate of the Class of '93, and has since then been engaged in private work.

The German Hospital Alumnæ Association was organized in February, 1898, with the enrolment of twenty-five members, and incorporated the same year with seventy-five members on the list. The first president was Miss T. A. Kritzner, who was elected for the term of two years, after which she resigned, but was elected the same year as treasurer of the alumnæ.

The object of the association is to create and promote a pleasant fellowship among the graduated nurses, also to further in every way the interests of all.

Ever since organization the meetings have been well attended, showing a great and growing interest in the work of the training-school and hospital.

In connection with the alumnæ is a sick-fund organization founded in the year 1895. The annual dues are six dollars. Meetings are held every month from September to June.





# FOREIGN DEPARTMENT

IN CHARGE OF  
LAVINIA L. DOCK



## REPORT FOR THE INTERNATIONAL COUNCIL OF NURSES ON NURSING IN FRANCE\*

By M<sup>lle</sup>. DR. ANNA HAMILTON  
Médecin Résident Maison de Sante Protestante, Bordeaux

FOR the last forty years French hospitals have been, as a rule, conducted by religious orders devoid of all training, and also generally of instruction and education.

Gradually the rules of narrow-minded modesty and strict church attendance obliged these orders to engage rough male and female servants to do what nursing work the nuns were prevented from doing in the wards.

Even as early as 1788 we see in a report drawn up for the King of France by the great Dr. Cénon on the state of the big Hôtel-Dieu of Paris that there were one hundred and two *nuns* in that hospital and three hundred and seven *ward-helpers*, besides two hundred and twenty-eight other hospital employés!

The want of proper training rendered nursing a most unpleasant work, the absence of education developed coarseness in it, and ignorance stopped its progress; thus nursing, left in the hands of those common, ignorant helpers, could not be otherwise than looked down upon by all in France. It was supposed, and ever since believed, that *nuns* only, beings of a special nature, could possibly live in the hospitals without losing their morals.

When reform sprung up in Protestant countries it was not taken into consideration by the religious bodies, who ruled the hospitals through the nuns, and these last, kept aloof from all that goes on in the world, went on exactly in their work as they were wont to do ages ago.

Private hospitals are very rare in France; they are all *civil* hospitals, ruled over by the (a) Commission Administrative des Hôpitaux, whose members are elected half by the Municipal Council and the other half named by the Préfet. As chance and politics will have it, they may be a most ignorant set of men. (b) The Municipal Council, which allows the necessary money from the town taxes, the mayor of the town being always president of the hospitals. (c) The Assistance Publique of France, which sends inspectors, and whose approval must be asked for heavy loans or purchases or plans of new hospitals. This last depends on the Ministry of Interior.

In the hospital we have a *director* (man), who lives in the hospital and is responsible for everything (except the nuns). He usually is a man without much education and with very little medical or hospital experience. I knew a former naval captain take that place, and in another instance a former gendarme was

\* Report sent to the International Council of Nurses meeting in Buffalo, September, 1901.



entrusted with that post! He usually is a fonctionnaire who has friends at court and is eager to secure a post where he may make money *in many ways*.

In hospitals worked by nuns we find *two masters*, the director and the superior (head of the nuns), who usually are at daggers drawn all the year round. *She* alone has authority over the nuns, *she* alone can reprove them, change them from one ward to another, or can exact obedience from them on any point whatever. *He* rules it over the lay employés, who work under the nuns' orders in the wards, engages and dismisses them, and this very awkward state of things brings on constant friction in the hospital staff.

Doctors form a third party, with no authority, though they are supposed to be sole masters of their wards. Obnoxious nuns who disobeyed their orders, neglected the patients, and scoffed at them have been known to remain more than seven years in the same wards in spite of all the doctors' demand for their removal.

I. (a) The curriculum of training for nuns consists of religious instruction during the novitiate, which lasts from six to twelve months, the probationer remaining in a convent. She is then sent in a school, asylum, charitable work of any kind, or in a hospital, just as the superior of the order may wish, the opinion or desire of the novice not being taken into consideration. If she is sent in a hospital, she works with the older nuns, and after some time will be given a ward to superintend. I have known cases when nuns being short, a new one was immediately turned into ward-sister with thirty patients to be responsible for, and not the smallest hospital experience.

(b) There is no technical instruction on the subject.

II. (a) There exist three hundred and thirty-nine orders of nuns who take up nursing, and may also be contemplative or instructive orders besides. Of these eighty-one only restrict themselves to nursing, and forty-eight of them ought to work solely in hospitals, but actually there are only five of them still in attendance in hospitals.

(b) The constitution and regulation of monastic orders vary from one to another, but we find that hospital nuns, as a rule, are not allowed to do night-work, to give any nursing help to male patients or little boys, to attend women in child-labor, or to nurse syphilitic women.

They must *all* take their meals at the same time and also attend prayer together.

They wear woollen dresses and long and wide sleeves, which they are not allowed to tuck up, as showing their arms bare would be immodest.

They are not allowed to give vaginal douches or enemas, or to be present at men's operations or gynaecological ones.

Their lay-helpers, ignorant and worse, and the medical students do what proper nurses would accomplish ever so much better, being refined and womanly.

We have in France two other religious communities, who do not consent to be called *monastic*, but are very near to it.

1. The Hospital Sisters of Lyons (founded in the seventh century) are unique in France. They were formerly women of loose morals, who repented and remained in the hospitals for the rest of their life.

It was only in 1690 that they began to be called *sisters* instead of *servants* of the hospitals. They have never been allowed to take vows of any kind by the hospital authorities and proprietors, for the general rule of hospital organization has an exception in Lyons, where it is quite peculiar to the town. The hospitals are very wealthy, but dreadfully old-fashioned.



These sisters have no superiors, only a chaplain and confessor in each hospital. They are taken mostly from the peasant class, and are taught elementary knowledge at the hospital. Some of them are allowed to work for the midwife certificate, a most remarkable fact.

The novitiate lasts one year; then for ten or fifteen years the nun becomes a pretendant sister, earning eighty francs a year and providing her own clothes. Afterwards she gets only forty francs, but is adopted by the hospital council, which promises to clothe and feed and take care of her to the end of her life. But at any time one of these peculiar nuns can leave and marry if she likes to do so.

However liberal these nuns may be, the hospital wards show the want of training and common knowledge in these women, for dirt, neglect, and disobedience to the doctor's orders abound there, as in other hospitals nursed by religious communities.

2. The Institution of Deaconesses of Paris (founded 1841) possessed only eighty-five sisters in 1878. These sisters aim at all kinds of good work, doing nursing as well, but without any special training towards it. Novices learn cooking, washing, etc. They do not take up night-work in hospitals, and take in lay helps (quite ignorant) for that. If they are called upon to do night-work, they do not expect to be allowed to rest next day. No examinations are passed, and these sisters mostly come from the servant class.

In 1877 the Municipal Council of Paris, wishing the hospitals to be properly attended and the patients cleverly nursed, decided to open schools for nurses (of both sexes), and to gradually replace the nuns by lay nurses in the civil hospitals of the towns.

But this assembly of *men*, though clever enough and lovers of progress, did not understand at all the requisites to get proper training for nurses. Lectures were begun, given by clever doctors, who spoke on medical subjects, *not nursing*, and anyone, even devoid of elementary instruction, was allowed to attend. A class for teaching reading and writing was opened for those who wanted to learn just enough to be able to write the examination papers! They mostly were men and women working all day long in the hospitals, not only in the wards, but even in the post-mortem rooms or stables, linenry, washhouse, etc., etc.

There was no link between the hospital ward work and the school. The diploma of nursing might be obtained after eight-months' attendance at the lectures and successful examination-papers, which might be tried for over and over again. In one case a male nurse attempted the examinations every year for nine years before getting the diploma, though these papers were written at any time the candidate wished to and without much guarantee of honest personal work.

The hospitals did not make a rule of engaging only nurses who had the diploma or wished to work for it, and the diploma holders, being mostly devoid of education, did not get the best posts. No practical training was given in the wards, and the actual state of the Paris hospitals prove it at one glance.

The personnel is so very unsteady that we find in the year 1898 that there were fourteen dismissals in the hospitals of Salpêtrière, Bicêtre, Pitié, and Lariboisierè of male and female nurses for drunkenness, disobedience, neglect, idleness, misconduct, etc., etc. This shows what a poor result the nursing schools opened more than twenty years before had given.

The nurses are allowed to marry, and we find cases of man and wife, both



nurses, sleeping in dormitories! When there are children the case is still worse, and ward work is more than ever neglected.\*

This attempt made in Paris in the hope of getting a properly trained staff led to two results: (a) a few other French towns (eight to ten at most) followed the same plan with unsatisfactory results; (b) the others decided to uphold the nun system rather than have those lay-nurses whose loose morals are too well known.

A nursing-school for girls only exists since 1889 at the Protestant House of Health at Bordeaux. But the probationers were not provided with proper accommodation, did not care to stay on, and the nursing-staff was more like a set of servants, and there was no training given besides the theoretical lectures.

In May, 1901, the management of this school of nurses was given over to me, and it is being set on a proper footing for lady probationers, and has properly trained nurses to instruct them.

Free and paying probationers are received for two-years' training. Lectures are given by doctors and examinations passed before professors of the medical faculty. The hospital holds sixty-eight beds for men, women, and children, and an important out-patient and accident department.

In Paris a nursing-school was opened in 1899 for girls of good education. It is under the care of the Society for Helping the Sick. The probationers are sent to the Paris hospitals at the time the visiting doctors go round. That is all the hospital training they get! Girls have to engage themselves for eight years, of which two are spent in training (?) and the other six in attending paying patients in private houses.

There are in France a great many so-called nursing lectures organized by Red Cross Societies, which are attended by fashionable ladies who never go in for any kind of practical training, and only attend hospitals at the time the visiting doctors go their round.

They very often go through theoretical examinations, hold diplomas and medals, notwithstanding their want of experience in real nurses' work, and, moreover, all expect to hold the most important posts in future ambulancias!

The Superior Council of Assistance Publique of France took into consideration the want of proper nursing staffs in all French hospitals in 1898. Several men doctors were asked to draw up a programme of studies for nurses. This lengthy programme has been published, and shows the utter ignorance of these medical men of what the training of a nurse should be.

Notwithstanding, the council, with its high authority, published a paper asking all the hospitals of France to instruct their nursing-staff after this programme. Until now (August, 1901) only one town has responded to this appeal. A great many town authorities have taken up the subject, for everywhere dissatisfaction is felt at the actually deplorable state of French hospitals.

\*On entering the Paris hospitals a would-be nurse has to work three years as probationer, five years as nurse, two years as staff nurse, two years as under-ward surveyor, two years as ward surveyor. If numerous punishments have been inflicted, more years are added to the above. But it is not a rule even for those who have been more than fourteen years in service to hold the good posts! They are given to outsiders!



## THE TRAINING OF NURSES IN THE WILHELMINA HOSPITAL, AMSTERDAM, HOLLAND \*

By MEJ. L. KRUYSSSE

Matron

THE training of probationers and nurses consists of a three-years' course.

The following course of lectures is given:

*First Year.*—Anatomy, surgical nursing, bandaging, first help in emergency cases and transport of patients. Lectures on general nursing and nursing ethics.

*Second Year.*—Elementary physiology, medical and fever nursing. Continuation of lectures on general nursing and nursing ethics.

*Third Year.*—Lectures on foods and principles of hygiene. Repetition classes for examination.

At the completion of the three-years' course, after the certificate for general nursing has been earned, the nurses get a course of sick-room cookery, and they can also obtain certificates for monthly and mental nursing, as lectures on those subjects are given afterwards.

The probationers have no preliminary training, but everything is taught them in the wards without having any responsibility. They enter the hospital on a month's trial.

Women of every class and denomination are accepted as probationers when they prove to be of good character and devoted to the sick, and if they are sufficiently educated.

### HOURS AND MEALS.

Nurses and probationers come on duty at six-thirty A.M. and remain till seven or eight P.M. Breakfast is served from seven-forty-five to eight-fifteen and from eight-thirty to nine. Nurses have a preliminary breakfast in the ward kitchens. Fifteen minutes are given for lunch from eleven to eleven-thirty. Dinner from one to two and from two-fifteen to four-fifteen. Supper at seven P.M. and at eight-fifteen. Nurses and probationers are on duty altogether eleven hours per day. Every three months they are one month on night duty. Every week alternately they have the evening off or the whole day.

They are allowed to sleep out, and they have late leave occasionally to attend the theatre or some concert. They have three-weeks' holiday. The head nurses come on duty at eight-thirty A.M. and remain till eight P.M. Between eight and ten P.M. they must be in call and superintend their wards occasionally. They have the evening and whole day off every week alternately and four-weeks' holiday.

### SALARIES.

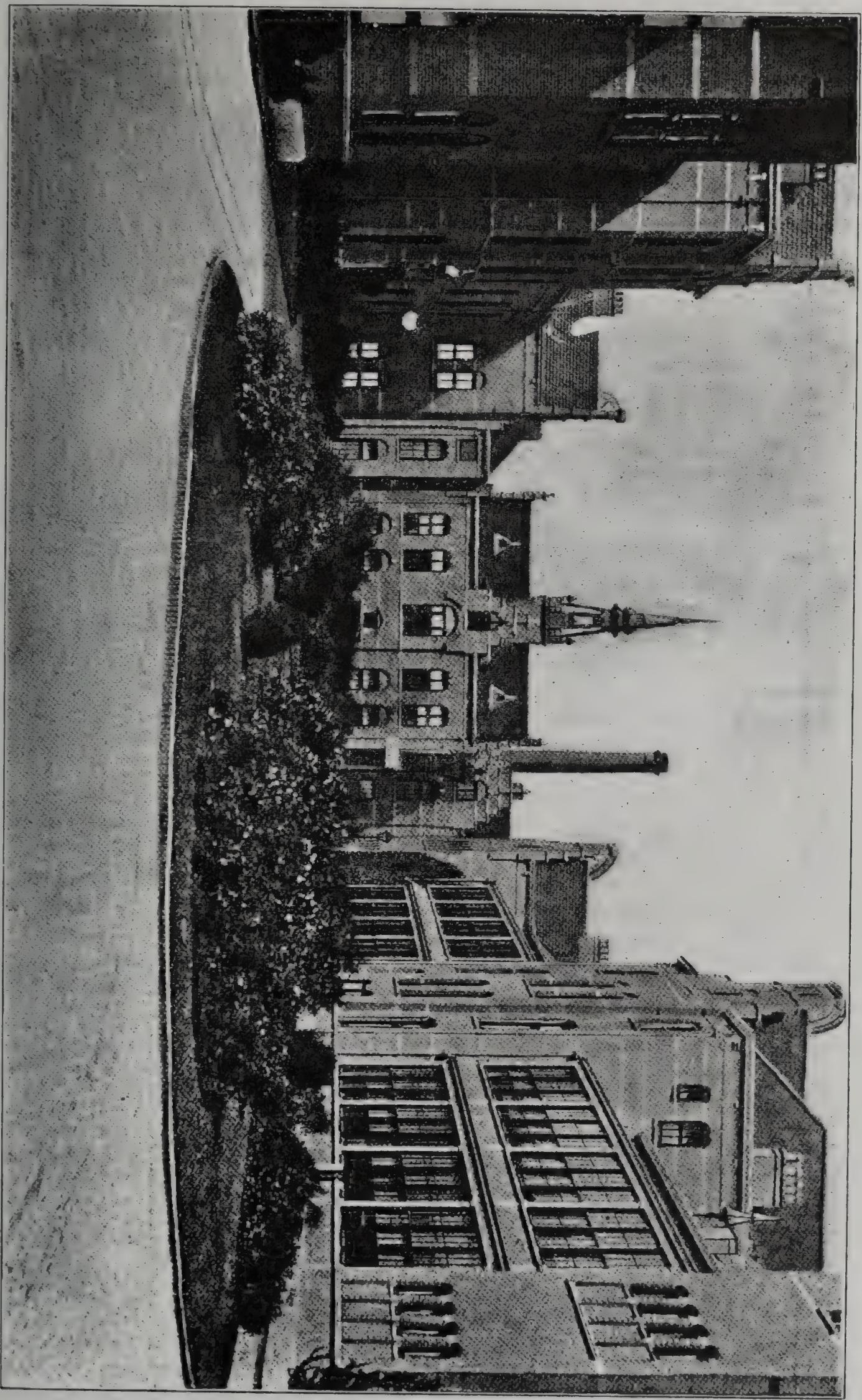
Probationers receive during the first one and half years eight pounds and afterwards sixteen and two-thirds pounds, besides board and washing. Certificated nurses receive twenty and five-sixths pounds and assistant head nurses twenty-five pounds. Head nurses begin with thirty-three and a half pounds and go up to fifty pounds in time.

### HOSPITAL ECONOMY.

Special attention is paid to this most important question. Not only is quality and quantity of food seen to, but also linen, dressings, instruments, nursing articles, etc., in order to have as little waste as possible.

\* Report sent to the International Council of Nurses meeting in Buffalo.





THE WILHELMINA HOSPITAL, AMSTERDAM







Different articles are purchased by contract, but the contracts are not always granted to the lowest bidders.

#### THE WILHELMINA HOSPITAL

is comparatively new. It replaced the old "Buiten Gasthuis," which was no longer fit for use. The foundation-stone was laid May 28, 1891, by Queen Wilhelmina, when she was eleven years of age. The hospital has been in use since 1893. It is a municipal hospital, supported by the rents of the municipality.

The patients did not pay as a rule, but since January, 1901, they pay, if possible, a small fee, according to their income.

The board is chosen out of the municipal Poor Law Board and is subject to that body.

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#### A HOTEL FOR NURSES IN LONDON

[WE think American nurses, intending to travel abroad, will be glad to know of an English hotel for nurses only.—ED.]

The Nurses' Hostel, Francis Street, W., was founded by Miss Catherine Wood in 1889; it was started first as a private venture in a house in Percy Street, then overflowed into a second house, and when these leases expired it was formed into a limited liability company, of which the shareholders are mostly nurses. We believe we are right in saying that this is the first public company promoted by a woman and worked and financed by women. It has paid a steadily increasing dividend from the time of issuing the shares, and as we go to press we are told of a second block being built to meet the ever-increasing demand on accommodation.

The hostel is a hotel for nurses engaged in the active practice of their profession, and is worked on the lines of a hotel; that is, nurses are free to come without previous notice, the only condition being that they must be nurses. The managing director (Miss Wood) has the power to refuse to admit any nurse who in her opinion would not be a desirable inmate, or to refuse re-admittance to any who have shown themselves to be objectionable when in the house. Needless to say, such powers are used with discretion and have been seldom exercised. The hostel is not a nursing institution under another name; those nurses who live in it are supposed to have their own connection, or to be working one up; but being on the telephone, many doctors recommend their nurses to make it their head-quarters, and a certain amount of casual work is bound to find its way to a nurses' centre. Still, no register is kept, nor is commission charged on any work obtained through the house.

The hostel has been specially built for its work; there are cubicles and separate bedrooms, common sitting- and dining-rooms, library, extensive box-rooms, baths, and other conveniences. The present building will accommodate over fifty nurses; a second is being built to hold fifty more. In this block it is intended to have small separate bedrooms, with a few double bedrooms for friends or sisters. The rooms in the new block may be rented and retained by nurses who can put in their own furniture, thus combining the advantages of a private lodging with the more sociable life of the hostel.

Nurses are not required to pay any yearly subscription or entrance fee; they pay for what they have; then when called off (except those who rent a room permanently), they clear up their possessions and incur no further expense until



they return to the hostel, when they are again accommodated with board and lodging. The nurses find that this method secures for them an appreciable saving on their earnings, as they only pay when they are in, except for storage of box or renting of cupboard, and when they are away their letters are forwarded, and any other business transacted in their absence; the hostel thus becomes their permanent address, which is of so much importance to nurses.

About five hundred or more nurses are regular guests of the hostel; besides, there is a large number who make use of it when visiting London for any purpose; they come from all parts of the empire, and it is an interesting circumstance that the first nurse to make use of the hostel in Percy Street was a nurse from South Africa home on furlough, and now Colonial, Indian, or foreign nurses are frequently to be seen in its rooms.

(Reprinted from *Nursing Notes*, an English nursing journal, the organ of the "Trained Nurses' Club" and other associations.)

FROM *The Nursing Record* of October 5 we reprint the list of English nursing sisters upon whom the King has been pleased to confer the decoration of the Royal Red Cross in recognition of their services during the South African War:

#### ARMY NURSING SERVICE.

Superintendent Miss Martha Thomas, Superintendent Miss Sidney Jane Browne, Superintendent Miss Elizabeth Anne Dowse, Superintendent Miss Sarah Emily Webb, Superintendent Miss Sarah Elizabeth Oram, Superintendent Miss Ann Garriock, Nursing Sister and Acting Superintendent Miss Louisa Watson Tulloh, Nursing Sister and Acting Superintendent Miss Louisa Mary Stewart, Nursing Sister Miss Elizabeth Treacher Noble, Nursing Sister Miss Alice Sweeting Bond, Nursing Sister Miss Jane Hoadley, Nursing Sister Miss Mary Grenfell Hill.

#### ARMY NURSING SERVICE RESERVE.

Nursing Sister Miss Jane Elizabeth Skillman, Nursing Sister Miss Annie Beadsmore Smith, Nursing Sister Miss Annie Blanche Trew, Nursing Sister Miss Ethel Hope Beecher, Nursing Sister Miss Amy Knaggs, Nursing Sister Miss Jessie Southwell, Nursing Sister Miss Edith McCall Anderson, Nursing Sister Miss Emma Maud McCarthy, Nursing Sister Miss Mary Elizabeth Greenham.

IRISH HOSPITAL.—Miss Annie Maude McDonnell.

YEOMANRY HOSPITAL.—Miss Catherine Emelia Nisbet, Miss Mary C. Fisher.

WELSH HOSPITAL.—Miss Marion Lloyd.

PRINCESS CHRISTIAN'S HOSPITAL.—Miss Eleanor Constance Lawrence.

EDINBURGH HOSPITAL.—Miss Annie Warren Gill.

PORTLAND NATIONAL HOSPITAL.—Miss Edith Pretty.

LADYBRAND.—Miss Julia Underwood.

LADYSMITH.—Mrs. Eugénie Ludlow.

MAFEKING.—Mother Superior Teresa, Miss Hill, Miss Crauford.

NEW SOUTH WALES.—Miss E. Nixon.

SOUTH AUSTRALIA.—Miss A. Bidsmead.

NEW ZEALAND.—Miss J. M. N. Williamson.

The report of the Committee on the Reorganization of the English Army and Indian Nursing Service will be given in the December number.



# CHANGES IN THE ARMY NURSE CORPS



## CHANGES IN THE ARMY NURSE CORPS RECORDED IN THE SURGEON-GENERAL'S OFFICE FOR THE MONTH ENDING OCTOBER 7, 1901.

ANDERSON, MARY A., arrived in Manila August 21. Temporarily serving at the First Reserve Hospital, awaiting permanent assignment.

Brinton, Elizabeth M., arrived in Manila August 21. Temporarily serving at the First Reserve Hospital, awaiting permanent assignment.

Brock, Sarah A., on duty at United State Army General Hospital, Presidio, San Francisco, Cal., ordered to the Philippines on the first available transport.

Brown, Mrs. Jessie M., arrived in Manila August 18 and assigned temporarily to duty at the First Reserve Hospital.

Burke, Nina M., arrived in Manila August 21. Temporarily serving at the First Reserve Hospital, awaiting assignment.

Butler, Mary A., formerly on duty at Nagasaki, Japan, ordered home to await discharge, arrived in San Francisco September 12.

Campin, Mary L., recently returned to the United States from duty at the Santa Mesa Hospital, Manila, P. I., has been discharged.

Cooke, Minnie, transferred from Cabana Barracks, Havana, Cuba, to duty at Columbia Barracks, near Quemados, Cuba.

Danford, Caroline Lee, formerly on duty at the United States Army General Hospital, Presidio, San Francisco, has been discharged.

Friton, Emily, recently on duty at the Military Hospital, Iloilo, P. I., arrived in San Francisco October 1 and ordered to report for discharge.

Gertsch, Bertha M., transferred from the Santa Mesa Hospital to duty at the First Reserve, Manila, P. I.

Hall, Mary B., transferred from the Santa Mesa Hospital, Manila, to duty at the First Reserve, Manila, P. I.

Hanbury, Anna A., transferred from the First Reserve Hospital, Manila, P. I., to duty on the transport Thomas en route to the United States. Arrived in San Francisco October 1 and assigned to temporary duty at the General Hospital, Presidio.

Hasemeyer, Augusta D., arrived in Manila August 18 and assigned to temporary duty at the First Reserve Hospital.

Killiam, Lena E., transferred from the Santa Mesa Hospital to duty at the First Reserve Hospital, Manila, P. I.

Krauskopf, Lilian, transferred from the United States Army General Hospital, Presidio, San Francisco, to duty on the transport Warren en route to the Philippines.

Lamb, Sarah A., transferred from duty at Nagasaki, Japan, to the United States Army General Hospital, Presidio, San Francisco.

Laughlin, Mary C., recently on duty at the First Reserve Hospital, Manila,



P. I., arrived in San Francisco on transport Grant September 18 and was assigned to temporary duty at the General Hospital, Presidio.

Layton, Mary V., arrived in Manila August 13. Temporarily serving at the First Reserve Hospital, awaiting assignment.

Locke, Bessie R., transferred from United States Army General Hospital, Presidio, San Francisco, Cal., to duty on transport Warren, en route to Manila, in charge of the party of nurses sailing with her.

McKelvey, Mary J., transferred from United States Army General Hospital, Presidio, San Francisco, to duty on transport Warren en route to the Philippines.

McLaughlin, Anne, assigned to duty as acting chief nurse at the United States Army General Hospital, Presidio, San Francisco, vice Miss Tweed, resigned.

McNaughton, Bessie B., transferred from duty as chief nurse at Cabana Barracks, Havana, to duty as nurse at Columbia Barracks, near Quemados, Cuba.

Mahlum, Helene, transferred from duty at the Santa Mesa Hospital, Manila, P. I., to transport duty en route to the United States. Arrived in San Francisco September 18.

Mann, Emilyn P., transferred from the Santa Mesa Hospital to the First Reserve, Manila, P. I.

Mitchell, Janet D., chief nurse of Nagasaki, Japan, home awaiting discharge.

Moore, Marie E., transferred from Santa Mesa Hospital, Manila, P. I., to duty on transport Grant, which arrived in San Francisco September 18, home awaiting discharge.

Morrison, Henrietta C., formerly on duty at the United States Army General Hospital, Presidio, San Francisco, discharged.

Ostien, Mary F., appointed October 1, assigned to duty at the United States Army General Hospital, Presidio, San Francisco, Cal.

Perkin, Willessie, transferred from duty at the United States Army General Hospital, Presidio, San Francisco, to duty on the transport Warren en route to the Philippines.

Petit, Augusta L., appointed October 5, assigned to duty at the United States Army General Hospital, Presidio, San Francisco.

Porteous, Elizabeth R., formerly on duty at the Second Reserve Hospital, Manila, P. I., discharged.

Pringle, Martha E., arrived in Manila August 21. Temporarily serving at the First Reserve Hospital, awaiting assignment.

Rector, Josephine, arrived in Manila August 18 and temporarily assigned to duty at the First Reserve Hospital.

Schuler, Johanna, transferred from the General Hospital, Presidio, San Francisco, to duty on the transport Hancock, en route to the Philippines, for assignment in that division.

Sheafer, Sarah P., appointed October 10, assigned to duty at the General Hospital, Presidio, San Francisco, Cal.

Spear, Eliza B., formerly on duty at the General Hospital, Presidio, San Francisco, discharged.

Stoker, Jane M., transferred from duty as dietist at the Hospital Corps School of Instruction, Fort McDowell, Angel Island, Cal., to duty on the transport Hancock, en route to Manila, for assignment to duty in the Philippines.

Talcott, Mary B., arrived in Manila August 13 and was assigned to duty at the First Reserve Hospital, Manila.



Thacher, Clara, arrived in Manila August 13 and was assigned to duty at the First Reserve Hospital.

Tweed, Rose A., formerly on duty at the General Hospital, Presidio, San Francisco, discharged.

Vedder, Mary I., formerly on duty at the Santa Mesa Hospital, Manila, discharged.

Weir, Mary Jane, arrived in Manila August 13. Temporarily serving at the First Reserve Hospital, awaiting assignment.

Wertheimber, Laura, appointed September 27 and assigned to duty at the General Hospital, Presidio, San Francisco. Reported same day.

Williamson, Anne, appointed October 1 and assigned to duty at the General Hospital, Presidio, San Francisco.

Wills, Edith M., transferred from duty at Vigan, P. I., to duty on Grant en route to United States. Arrived in San Francisco September 18 to report for discharge.

Wilson, Genevieve, transferred from duty at Nagasaki, Japan, to the General Hospital, Presidio, San Francisco. Reported September 13.

Young, Ann Burt, appointed October 2 and assigned to duty at the General Hospital, Presidio, San Francisco.

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It is a great pleasure to report the appearance of the Surgeon-General at his desk, wearing quite a proper color of bronze and red after his long summer journeyings. He has gained in weight and reports himself as feeling well, and happy to be again at his old post. It is not saying too much to add that those whose privilege it is to work under him are even more than glad to see him in his accustomed place.

Mrs. Sternberg stopped en route across the continent, arriving in Washington a week later.

DITA H. KINNEY.





## LETTERS TO THE EDITOR



DEAR EDITOR: I am wondering if the "Special Nurse" who wrote to tell us of the "Old Doctor's System" ice-pick has seen the "Enterprise" ice-shaver? This is a strong metal cup, with an attachment on the principle of the knife of a carpenter's plane that shaves the ice from the block without noise. It is very commonly used by druggists at the soda-fountain, but I have not seen it in general use in hospitals. Anything that will prevent *pounding* should be hailed with joy.

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GRADUATE.

*Editor-in-Chief* AMERICAN JOURNAL OF NURSING.

DEAR MADAM: At the close of this, the first year of the JOURNAL, let me thank you for many good things culled from the magazine. I started my subscription with its *first* number, and now renew it for another year with the feeling that I am to have an old friend drop in upon me every month. So far circumstances have prevented me from joining in any of the discussions or sending any word to you, but now that the prospect of permanent settlement in a definite place comes before me, I hope in the near future to find something of *use* to send to the JOURNAL.

I expect to settle in Winnipeg, and maybe I can find an interesting subject out of the "Spirit of the North." My regrets are great that I could not attend the Congress in Buffalo, but I sincerely hope that great good may result, and that our profession may be put on the same legal and recognized basis as the medical, so that international registration may be possible, to the end that the "spurious" and "superfluous" trained nurses (so-called) may be put in the place prepared for them.

My very best wishes for the continued success of the JOURNAL, and not only wishes, but deeds shall follow.

Just in conclusion I might say that I have not been a "sleeping" member, as my first two copies of the JOURNAL can show. They have been good travellers. Believe me to be

Yours sincerely,

A. M. C.

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PASADENA, CAL., October 10, 1901.

DEAR EDITOR: You may think it strange for me to thus address you, but I feel as if I wished to do so on account of all you have done for the nursing profession by heading our JOURNAL. I was sorry to be so far away from Buffalo during this summer, especially Congress week, but hope to have good accounts in this month's JOURNAL.

With every good wish for our magazine and those who have worked so nobly in its behalf, believe me to be

Sincerely yours,

E. HARCOURT,  
Class of '93, Buffalo General Hospital.



## EDITOR'S MISCELLANY



THE editor is desirous of obtaining two copies of June, one of February, and one of March of the JOURNAL, for which she will pay twenty-five cents each. She can also dispose of a full set for the year at the usual rate. Write to the Rochester office.

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COPIES of the Congress number, September, can be had by sending twenty cents to the office of the publishers, J. B. Lippincott Company, 227 South Sixth Street, Philadelphia (notice change in street address).

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“THE American Board of Commissioners for Foreign Missions has received from the State Department at Washington the announcement of an unusual distinction accorded to one of the board's missionaries in China, Miss Abbie G. Chapin. The honor was conferred upon Miss Chapin in recognition of special services rendered by her in the course of the siege of Peking.

“While all the women of the mission rendered notable service at the time, Miss Chapin's work in the International Hospital brought her into prominent notice. Following is a copy of the letter from the Chargé d'Affaires of the United States at Peking to Secretary Hay under date of April 25:

“‘SIRS: It is with particular pleasure that I have the honor to inform you that His Majesty the King of England has been pleased to confer upon Miss Abbie G. Chapin, of the American Board of Missions, the Royal Red Cross decoration for services rendered in the International Hospital during the siege. The decoration was presented to Miss Chapin by the British Minister, Sir Ernest Satow, at the British Legation, on the 23d inst. Sir Ernest availed himself of the occasion to say a few words of commendation for the excellent and unselfish service which had been given, and congratulated the recipients upon the well-deserved reward. The order of the Royal Red Cross was founded by the late Queen eighteen years ago, and up to this time, including the four presented during the siege, only ninety-two medals have been conferred.

“‘H. G. SQUIERS.’

“Miss Chapin has been connected with the American Board for eight years, and is the daughter of parents who were also missionaries in China.”

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### A GREEN WINDOW

FEW people appreciate the possibilities of sunless northern windows where “flowers will not bloom.” When given “classical” treatment with such beautiful-leaved plants as palms, ferns, dragon-trees, crotons, ivies, and araucarias, which require no direct sunlight, they may be made as attractive as any windows in the house.—*The Ladies' Home Journal for October.*



**DR. McDONALD'S REPORT**

DR. ARTHUR McDONALD, of Washington, has for some years been making statistical studies of some twenty thousand school children of that city. As the inhabitants of Washington come from all parts of the Union, the children there may be considered, he argues, as typical of the whole nation. In an article in *Everybody's Magazine* he publishes some of his conclusions. We believe that the investigations he has made show among other things that girls are in general a little brighter scholars than boys—the reason being possibly that the former develop earlier and mature sooner than the latter. Children of American parentage are brighter than those of foreign parentage, or half-foreign parentage. Children of the professional and mercantile classes are quicker scholars than those of the working classes—that is, those living by hand-labor. He seems to think this is due to the better social conditions of the former, but we incline to the opinion that heredity plays a part in this instance. On the other hand, boys of the non-laboring classes show, he says, more sickliness and nervousness than boys of the laboring classes, and this he believes, and we incline to think justly, shows that easy social conditions are by no means always conducive to health. Comparing all boys and girls, Dr. McDonald regards boys as more indolent in point of study than are girls. Girls, he finds, are more sensitive to pain than boys, but this does not mean that they show less fortitude in bearing it. A rather remarkable thing was that the question of the effect of punishment upon them being asked of a large number of scholars, the majority not only confessed but claimed that punishment had benefited them. Conscience, according to Dr. McDonald's studies, does not seem to exert a powerful influence on most children until they have reached the age of nine years. Children, he says, are more affected by their companions between the ages of ten and fifteen than before or after. Nearly all the children described the moral influence of their parents as helpful, and made little discrimination in this regard between father and mother. Dr. McDonald believes that morality, like politeness, can be and must be taught through repeated acts that become a habit. His conclusions as published now and heretofore have evoked considerable criticism, as is not unnatural from the rather unpalatable nature of some of them.—*Post-Express*.

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**KOCH'S THEORY**

INTERESTING experiments are being made at the pathological laboratory of the New York City Board of Health to test Professor Koch's theory that human tubercle bacilli will not affect cows, and so far the results seem to prove the professor to be correct.

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**THE ROYAL COMMISSION ON TUBERCULOSIS**

THE importance of the work entrusted to the Royal Commission on Tuberculosis cannot be overestimated. It is the direct outcome of the opinion expressed by Dr. Koch at the recent Congress that tuberculosis in animals and man is not one and the same disease, and that infection cannot be conveyed from animals to men. Until, however, the Royal Commission issues its report, our readers will do well to note that the weight of medical opinion in this country is against the



conclusion formed by Dr. Koch, and that they would be unwise to diminish the precautions hitherto observed with regard to the boiling of milk as a means of rendering innocuous any germs of tuberculosis which it may contain. The Local Government Board holds this view so forcibly that it has issued a circular strongly advising against the relaxation of precautions. It must also be remembered that even if it be proved that milk does not convey the tubercle bacillus from animals to man it is a fruitful means of conveying the infection of scarlet-fever and diphtheria. On this count, if on no other, raw milk may at any time be a source of danger, and should consequently always be boiled.—*The Nursing Record*.

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### THE NEED OF EDUCATIONAL FACILITIES FOR NURSES

PROFESSOR RUCKER, principal of London University, who presided last week at the Congress of the British Association, held this year at Glasgow, commented, in his opening address, on the fact that the association has this year for the first time a section for education, and said that the importance of this new department was emphasized in the occupation of the chair of that section by the vice-president of the Committee of Council on Education, Sir John Gorst.

Education was, said Professor Rucker, passing through a transitional stage. The recent debates in Parliament, the great gifts of Mr. Carnegie, the discussion as to university organization in the North of England, the reconstitution of the University of London, the increasing importance attached to the application of knowledge, both to the investigation of nature and to the purposes of industry, were all evidences of the growing conviction that without advance in education we could not retain our position among the nations in the world.

We nurses are feeling similarly that without better and more methodical nursing education we shall not be able to retain our position amongst our colleagues of other nations, more especially those of the United States. Notwithstanding the great advances made in the past half century in the practical care of the sick, nursing education is still in a chaotic condition. Few people will be found willing to assert that the best use is made of the training-ground afforded to students of nursing by our hospitals and infirmaries, and we are still without any minimum standard or common curriculum of education. May we hope that the principal of London University will use his influence to establish in connection with it a chair of nursing, and so extend its benefits and afford opportunities of systematic instruction to the members of a profession which deserves well at the hands of all men?—*The Nursing Record*.

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### GRADUATING EXERCISES

THE sixth annual commencement of the Training-School for Nurses of the Presbyterian Hospital, Cincinnati, O., took place on the evening of October 3 in the McDonald building of the hospital. The graduates were as follows:

Kathryne Falter, Ohio; Clay Lee Sanchez, Texas; Carrie B. Daughters, Indiana; Ida Jane Johnston, Ohio; Estella Meyers, Indiana; Nellie Townsend, Michigan; Lillian M. Lewis, Mississippi; Helen M. Stone, West Virginia; Hattie Sapp, Ohio.



A very interesting programme was given on this occasion, with a reception afterwards to the graduates and their friends.

Please notice the change of the time required, from two to three years, to complete their course.

FRANCIS R. McCUNE,  
Secretary of the Training-School Committee.

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### A REMARKABLE INCIDENT

THE most remarkable and pleasing incident of their Royal Highnesses' stay in Kingston was their visit to the General Hospital to see Very Reverend Principal Grant, of Queen's. The hospital was beautifully decorated, and when the royal carriage drove up to the hospital entrance Dr. Haig, medical superintendent, and Miss Flaws, superintendent of nurses, received their Royal Highnesses and conducted them to the room in which Principal Grant lay. It was a memorable moment for Dr. Grant,—the heir to the throne of Britain and the English Princess entering the place where he lay ill to give him their greeting and to express their hope that he would soon recover his health and strength. Their Royal Highnesses conversed a few moments with the principal, and then the Duke decorated him with the order of the Companions of St. Michael and St. George (C. M. G.).

When the royal visitors were about to take their departure, Principal Grant, with a broad smile, informed their Royal Highnesses that as they had been graciously pleased to pay him a visit, he would return it at some future time, and both the Duke and the Duchess had a hearty laugh and hoped to see the principal in the home-land.

Her Royal Highness looked into the room next to that of Principal Grant, in which two of the hospital nurses lay ill, and gave them a smile and kindly nod. The Princess was also greatly interested, and asked Miss Flaws many questions about the institution and the nurses. When leaving, their Royal Highnesses wished the hospital every success.

At noon Dr. Manley, chief physician to their Royal Highnesses, visited the hospital and expressed delight at the splendid accommodation and equipment.

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### RESOLUTIONS PROPOSED AND PASSED

RESOLUTION passed by the International Congress of Nurses on motion of Miss Carr, Johns Hopkins Hospital:

*Resolved*, That the delegates and all visitors to this Congress, having a deep appreciation of the benefits and the pleasure they have derived from these meetings, desire to express their gratitude to all officers and committees for the excellent arrangements made for the meetings of this Congress; also to all who have given of their time in the preparation of papers and addresses, which have been of such great interest and instruction. They also desire to express the pleasure this assemblage has had in welcoming the foreign delegates. They feel that the coming together of the most distinguished members of our profession in England and her colonies and in Europe with those of this continent has been



productive of most unusual stimulation, which we trust will result in good and effectual work."

Resolution proposed by Miss Nevins, of Garfield Hospital, Washington, D. C.:

"*Resolved*, That the Third International Congress of Nurses strenuously protests against the sending out of pupil nurses to private duty during their period of training in the training-schools."

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### A SUGGESTION

DEAR MISS PALMER: Will you kindly inform me what Eastern schools are offering post-graduate courses?

Very sincerely,

H. B.,

Superintendent of Nurses.

[We are so frequently asked for the list of post-graduate schools that we think it would pay the hospitals wishing graduate pupils to place a standing advertisement in our pages. We are glad to give such information, so far as we are able, but our knowledge of such matters is limited.—ED.]

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WE understand that the nurses of New Jersey are moving in the direction of State organization. An informal meeting has been held, and in December it is proposed to call a meeting of the nurses of the State.

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MISS ANNIE GAUDIES, graduate of the Kingston General Hospital, 1897, and a former head nurse at Lakeside Hospital, has returned to Cleveland, O., after a lengthened holiday and rest to continue her private nursing in the city.

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MISS NINA LUTTRELL, a graduate of Maryland General Hospital and a former head nurse of Lakeside Hospital, Cleveland, O., has returned to Cleveland from Havana, Cuba.

Miss Luttrell was located in Havana for fully a year. Part of this time Miss Luttrell devoted to private nursing in the city; she also held the position of night superintendent in the Mercedes Hospital. Miss Luttrell's health would not permit her to stay longer in Cuba, and she returned home by the advice of a physician.

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CLEVELAND, O., unlike some cities, has never taken well to the "hourly nursing." The attempt has been made several times to make this form of nursing popular, but the nurses' patience and finances were never able to hold out. Two nurses again took up the work in the fall of 1900, but the report, after a year's trial, is not very promising.



## AN INTERESTING PERSONALITY

THE following, from a subscriber, is of interest in connection with Dr. Rose's paper, in the August number, entitled "Progress of Women in Modern Greece:"

"I read in a Boston daily that Miss Kleonike Klonare sailed for Greece August 14.

"Miss Klonare is a Grecian woman who studied English in the American Missionary School at Constantinople. Her teacher—a New England woman—advised her to study nursing in America, that she might return and inaugurate training-schools in her native land. With this in view she entered the Massachusetts General Hospital. After graduating she took a post-graduate course in obstetrics at the Boston Lying-in Hospital, because in Greece most of this work is done by ignorant midwives with septic infection for the mother and ophthalmia for the baby.

"Completing this course, she returned to the Massachusetts General as head nurse, which position she resigned to accept that of assistant superintendent at the Baptist Hospital, Brookline, Massachusetts.

"While a pupil in Boston a Greek war-ship came to that port having on board J. Christophoros, surgeon to the King of Greece. This surgeon visited the hospital, and Miss Klonare acted as interpreter. He was both pleased and surprised to find one of his country people, and the story goes that on his return to Greece he told the Princess Sophia about her former subject, and the Princess has sent for Miss Klonare.

"Both Queen Olga and Princess Sophia are much interested in hospitals, of which there are three in Athens under royal patronage. This gives Miss Klonare the opportunity for which she has been fitting herself.

"Miss Klonare has the black hair and eyes, the brown skin, and the Grecian features typical of her race. Her manner is charming. As a pupil nurse she was always faithful, cheerful, and obedient; as an executive she was thorough, conscientious, and thrifty.

"She takes with her the good wishes of all her friends, who feel confident that she will succeed.

"The young women in Greece capable of becoming good nurses are under such restraint that there are difficulties in the way of securing their coöperation. It is particularly fitting that these prejudices are to be broken down by one of their own people who has benefited by our liberal system."

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A MUNICIPAL FAMILY HOME

GLASGOW, Scotland, has a municipal family home, where a father or mother left widowed and with the care of a young family may live comfortably, and while out at work all day may leave the children to be cared for by a matron. The house contains one hundred and sixty rooms, each large enough for one parent with several children. It is fitted with bath-rooms, laundry, kitchen, and dining-room. The meals are supplied to the boarders at modest cost, and a small charge is also made for the care of the children. The home is not quite self-supporting, as the rent charged is moderate, and the deficiency is paid by the city from the taxes.

As widowed fathers with small children are much more handicapped than mothers under the same circumstances, the home is specially useful to them.



**MARRIAGES**

MISS LOTTIE M. PAGE was married to Dr. Captain Edwin C. Shattuck June 7, 1901, in Manila, P. I. Miss Page is a graduate of the County Hospital Training-School for Nurses, Denver, Col., Class of '95. She entered the army Nursing Corps August, 1899, and was sent to Manila in March, 1900. Captain Shattuck is now assistant surgeon stationed at Bagbay, P. I., and Mrs. Shattuck is the first white woman ever on the island.

MISS BESSIE CHAPMAN, Class of '01, of the Illinois Training-School, was married on September 11, at Sigel, Ill., to Dr. Theodore Tieken. Dr. and Mrs. Tieken are to spend a year in Vienna.

MISS LAURA FERGUSON to H. A. Becker, M.D., at Detroit, Mich.

Miss Ferguson, a graduate of 1898 of Harper Hospital, for three years was a member of the head nurse's staff at Lakeside Hospital, Cleveland, O. Miss Ferguson, who had charge of the Polyclinic, made many friends while at Lakeside. Dr. and Mrs. Becker are building a home in Cleveland, where they expect to locate.

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**OBITUARY**

It is with deep sorrow that we announce the death of Miss Sarah Evelyn Ford, in Lakeside Hospital, Cleveland, O. She was taken ill with typhoid fever on September 19, and died October 12. She was born in Staffordshire, England, in 1869.

She was a graduate of the Farrand Training-School of Harper Hospital, Detroit, Mich., Class of '98. She engaged in private nursing up to May, 1900, when she accepted the position of supervisor or head nurse in the Woman's Hospital and Infants' Home, Detroit, where she remained for a year.

In both hospital and private practice her work was characterized by such excellence, earnestness of purpose, and devotion to duty as stamped her as one of the bright lights of her profession, and her whole life was a beautiful and constant example of noble womanhood.

Her remains were taken to her home in Hamilton, Ontario, for interment.

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# EDITORIAL COMMENT



## THE CONGRESS.

"I have but one lamp by which my feet are guided, and that is the lamp of experience. I know of no way of judging the future but by the past."—PATRICK HENRY.

THE Congress at Buffalo brought together women from many places and many schools, who presented papers on a variety of subjects relating to nursing work, yet the trend of thought advanced by all was practically the same, viz., progress in education, higher ideals, and broader responsibility.

In the October number we gave Miss McIsaac's opening address and Mrs. Bedford Fenwick's most interesting paper, read in the Temple of Music on Trained Nurses' Day.

Miss McIsaac, basing her opinion upon the experience of the past, said very truly, "When we look back upon all great movements of the world we should never lose sight of the one great fact, that a cause which is righteous is never wholly lost;" and again, "If the phenomenal growth of nursing is any indication of its righteousness, then who can doubt our future," an idea which should sustain us in hours of discouragement.

Mrs. Bedford Fenwick, in her "Plea for the Higher Education of the Trained Nurse," has voiced the highest educational aspirations of the nurse of to-day. Her plea that the facilities for the education of the nurse may be based upon the same lines as those provided for the students of other professions must have an influence in the development of the future, and she wisely says that nurses must not live as a separate body, but that they must become a part of the civil and social work of the world, realizing their responsibilities as citizens. Immediately the cry will be raised from out the length and breadth of the land, "But the nurse in private practice has no time!" The spirit of the age demands personal service, and where is there a woman with opportunity so great for personal influence as the private nurse? All of our great educational problems can best be presented to the public through her, and in all lines of civil or social reform she occupies a field unique in opportunity. The point at issue is not, "Has she time?" but, "Is she qualified?"

Mrs. Fenwick in her opening address as president of the International Council of Nurses (also given in the October number) has shown how the graduates of the most obscure schools may become a part of the working force of the nursing profession of the world. By the local organization affiliating with the national she becomes a part of the International Council of Nurses, which will bring together in conference the nurses of the world. This paper of hers should be carefully studied, for it contains a wealth of thought which cannot fail to broaden our conception of the work of the future.

The two Congress papers given in the present number by Miss Katherine DeWitt and Miss Richards carry a lesson to the nurse in private practice that cannot fail to rouse her to a greater sense of her responsibility than she has ever felt before. Miss DeWitt is a private nurse, and a very popular and exceedingly busy woman, but she has found time during the past year to attend her alumnae meetings and to write a paper for the JOURNAL and a paper for the



Congress, and we have not yet heard that she has "gone over the hill to the poor-house" in consequence of the time lost in this way; and whatever her future may bring, she carries with her the satisfaction of having "fought in the battles" of one of the most eventful years in nursing history.

Miss Richards, the first woman to enter a training-school in America, the superintendent of twelve training-schools,—one in Japan, eleven in this country,—a nurse whose influence extends over a greater area than is covered by any other one woman in the profession, speaks to the nurse of to-day from a vast experience. She does not say, "You have greater advantages than we of the early times; be contented and rest," but, "You are to press on higher still, to create for those who follow you conditions and opportunities still better, and with each step, as you advance, remember that the burden of responsibility will become heavier."

Miss Richards's professional life has been a prolonged altruistic battle. She has faith in the women who are to carry on the good fight. There is not one nurse so young, so inexperienced, or so obscure that she cannot join this army.

That such a series of meetings could have been held without one discordant personal note being struck seems almost incredible, and yet it is a fact. The enthusiasm was universal, and now that the Congress is over we are hearing from those who were present only expressions of praise for the president, Miss McIsaac, for the foreign delegates, and for each other. The nearest approach to discord was in the discussion which followed Miss Banfield's paper on "Hospital Administration in America," when, in direct contradiction to the sensational newspaper reports, the sentiment of the meeting was one of marked disapproval. Of this we shall speak later when the paper is given in full.

It was a notable gathering of dignified, sensible, womanly women, and even the newspaper comment, somewhat startling for the moment, "that a more handsomely gowned body of women had not been seen in Buffalo during the summer," did not come amiss.

That we were a nation in mourning was not forgotten for a moment. At the close of her address of welcome on Wednesday morning Miss McIsaac made the announcement that the afternoon session on the next day, Thursday, would convene at one-thirty and close at quarter before three o'clock, as the day was to be the funeral day of our late President McKinley, and all business was to be suspended after that hour. Accordingly, the meeting on Thursday afternoon adjourned a quarter before three and the delegates dispersed immediately, many to attend the memorial services held in the churches of the city, while a few remained quietly in the reception-rooms of the Woman's Union during the hour set apart as one of national mourning, while the remains of our dead President were being carried to his last resting-place.

The reception of the Buffalo Nurses' Club, which was to have been held on Thursday evening, was postponed until Friday evening, at the Castle Inn. The editor was, unfortunately, not able to be present, but it was pronounced by all as having been a most delightful occasion. The Reception Committee consisted of the following ladies, members of the club: Miss Damer, Miss Simpson, Miss McKinnon, Miss Culver, Miss Dingle, Miss Zimmerman, Mrs. Tweedy, Miss Drake, and Miss Sterling.

This opportunity to meet the foreign delegates so informally was a great pleasure to the American members, a pleasure which seemed to have been mutual, and the very charming reception was appreciated by all.

It is impossible to give any adequate description of the Congress to those who were not present. As the papers and discussions appear in our pages, some



idea of the interest taken in the speakers can be imagined, but the social and personal side of the occasion only those who were there can appreciate. The foreign delegates were each in turn the centre of attraction, and without them the Congress would have lost much of its interest and charm.

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### MRS. ROBB'S RESIGNATION

MRS. ROBB's resignation as president of the Trained Nurses' Associated Alumnae of the United States came as a surprise to all but her especial friends. Mrs. Robb has been the leader in organization work in this country, and under her guiding hand we have made great strides. The annual report of the Associated Alumnae will appear in December, and we hope in that number to give a biographical sketch of Mrs. Robb, with a recent photograph.

Miss Annie Damer, who succeeds Mrs. Robb, is too well known to need an introduction. She is by birth a Canadian, but was trained at Bellevue, and has been a resident of this country for many years. As chairman of the Committee of Arrangements of the Congress Miss Damer's executive ability has been tried and proven, and with the assistance of so many bright and able women in Chicago, she will undoubtedly make the meeting to be held in that city in the spring a brilliant success.

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### THE "JOURNAL" STAFF OF COLLABORATORS

THE announcement was made in the October number that it had been thought wise to change the form of the JOURNAL somewhat, and in place of the large editorial staff, a staff of collaborators has been appointed, which, with two exceptions, includes all of the editors of last year, with the addition of the names of a number of well-known women who will coöperate with the editor in making the JOURNAL a literary and professional success, and represent its interests in their several localities.

Taking the country geographically, our most Eastern representative is Miss Edith A. Draper, now in charge of the Brookland Hospital at Sydney, Cape Breton. Miss Draper is a Bellevue woman, and has held a number of important institutional positions. She was for a time superintendent of the Illinois School for Nurses, also at the Royal Victoria, in Montreal, and during the Spanish War served in the army. She is a woman of ability as a writer, and also one of broad practical experience.

Miss Elizabeth R. Scovil, whose residence is at St. Paul's School, Concord, N. H., has charge of the department of "Gleanings from the Medical Press." She is a Massachusetts General Hospital graduate, and was for many years in charge of the hospital at Newport, R. I. Miss Scovil has been best known as a writer as the editor of the "Mother's Corner" of the *Woman's Home Journal*, although she has always written more or less on professional subjects.

In Boston our representation remains the same, Miss Drown, Miss Riddle, and Miss Davis continuing as collaborators.

Miss Richards, of Taunton, continues, but instead of the department of "Hospital and Training-School Items," she will contribute occasionally papers on general subjects.

In New York we add the name of Miss Agnes S. Brennon to those of Miss Dock and Miss Thornton. Miss Brennon is a Bellevue graduate, in charge for



many years of the Bellevue School, and although she has been actively interested in the JOURNAL enterprise from the beginning, she consents this year to aid in the literary and professional side of the work.

In Baltimore we add the name of Miss M. A. Nutting, principal of the Training-School of the Johns Hopkins Hospital, who has also been an active worker for the JOURNAL from the beginning. Miss Nutting's contributions are always interesting, whether she writes them herself or solicits them from others, and she has been a strong factor in the literary success of the magazine thus far.

Mrs. Dita H. Kinney, Superintendent of the Army Nurse Corps, needs no introduction to our readers. She will represent both the city of Washington and the army nursing interests. Through Mrs. Kinney we shall be kept informed of any changes in the Medical Department of the army that are significant to the nurse, and "Changes in the Army Nurse Corps" will continue under her direction.

Mrs. Harriet Camp Lounsbery is a graduate of a Brooklyn hospital, and before her marriage held several hospital positions. With the exception of some service as chief nurse in the army during the summer of the Spanish War, Mrs. Lounsbery has not been in active work for some time. She is treasurer and corresponding secretary of the Order of Spanish-American War Nurses, and her home is at Charleston-on-Kanawha, West Virginia.

Miss M. Eugénie Hibbard, of Matanzas, Cuba, has been a hospital superintendent in this country, was chief nurse at several posts—here and in Cuba—during the Spanish War, was sister in charge of the nursing service of the Hospital Ship Maine, and is known to our readers as the author of the letters published in this JOURNAL last year entitled "With the Maine to South Africa."

Miss Sylveen V. Nye is the president of the New York State Nurses' Association and a resident of Buffalo, N. Y. She organized the Buffalo Nurses' Club and was for a number of years its president.

Miss Louise C. Brent, of Toronto, and Mrs. Robb, of Cleveland, have felt obliged to withdraw from active work on the JOURNAL, although their interest remains unchanged.

In Cleveland we are to be represented by Miss M. Helena McMillan, B.A., principal of the Training-School of the Lakeside Hospital. Miss McMillan is a graduate from the Illinois School for Nurses, having been trained under Miss McIsaac. She has made several contributions to the JOURNAL during the year and will be a valuable acquisition to the staff.

Chicago continues to give us Miss McIsaac, who was the main *prop* of the JOURNAL during its initiatory year, a woman of such a well-balanced mind that to whatever she gives her attention success is sure. While she has not felt it possible to continue in charge of a department, her influence, if not seen, will be felt.

For the more active work in Chicago we are fortunate in being able to add the name of Dr. Emma C. Hackett, of Hull House, a graduate from the Illinois Training-School for Nurses, who has since studied medicine, but who retains a deep interest in all nursing affairs. We feel that Dr. Hackett, in her double capacity of nurse and doctor, will be of vast assistance to the JOURNAL, and as a resident of Hull House she will have a fund of interesting incident to draw from.

Miss Helen Barnard, a graduate from the Johns Hopkins School, is living at her home in St. Joseph, Mo. She has done every kind of nursing work, is familiar with club life among nurses, and is a woman of ideas. Miss Barnard, by birth a New England woman, trained in the South and living in the West, has had unusual opportunities to study many phases of life.



In San Francisco we have been fortunate in securing the coöperation of Miss Lillian Huffcut, a Bellevue graduate, who is now in charge of the Hospital for Children and Training-School for Nurses of that city.

This list, while including so many women of note, is still incomplete, and new names will be added from time to time. With the coöperation of these women we feel justified in promising our readers an interesting JOURNAL for the year.

In the immediate future we shall give a most valuable and interesting paper by Dr. John M. McCullum, of Boston, on "The Role of Insects in the Propagation of Disease," a paper dealing with the mosquito in relation to malaria and yellow-fever; a valuable bit of history from the pen of Dr. Helen McMurchy, of Toronto, showing the progress of women in medicine; "Women in the Care of the Insane," by Julia C. Lathrop, of Chicago; "Christmas in an Army Hospital," by Mrs. Dita H. Kinney; "What to do in Case of Fire," by Dr. Charles O. Boswell, and a series of papers showing the comparative advantages of the popular resorts for tuberculosis patients, the subject being treated from the stand-points of climate and expense. "Club-houses and Coöperative Homes for Nurses" is to be considered, with many other subjects of value. These, in addition to the "Congress" papers, will make our early numbers interesting.

If nurses in private practice have not time for lengthy papers, they can at least contribute to our "items" department notes on practical things from their vast experience.

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### DELINQUENT SUBSCRIBERS

THE October number was sent to all subscribers whose year ended with the September number. The November number will be sent only to those who have renewed, and those who intend to continue their subscriptions should do so immediately, as with the large number of new names that are coming in the issue will run out quickly.

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### TIME TO RENEW

THIS is the season to renew subscriptions, and our readers who wish to have the numbers complete for the new year should make their payments promptly. Officers of the alumnae associations will kindly remind delinquent members of their obligation to the JOURNAL. Miss McIsaac said very wisely in her address at the Congress that the JOURNAL would be what the nurses make it, and in order to have it there must be subscribers. The November number will not be sent to those who have neglected to renew.

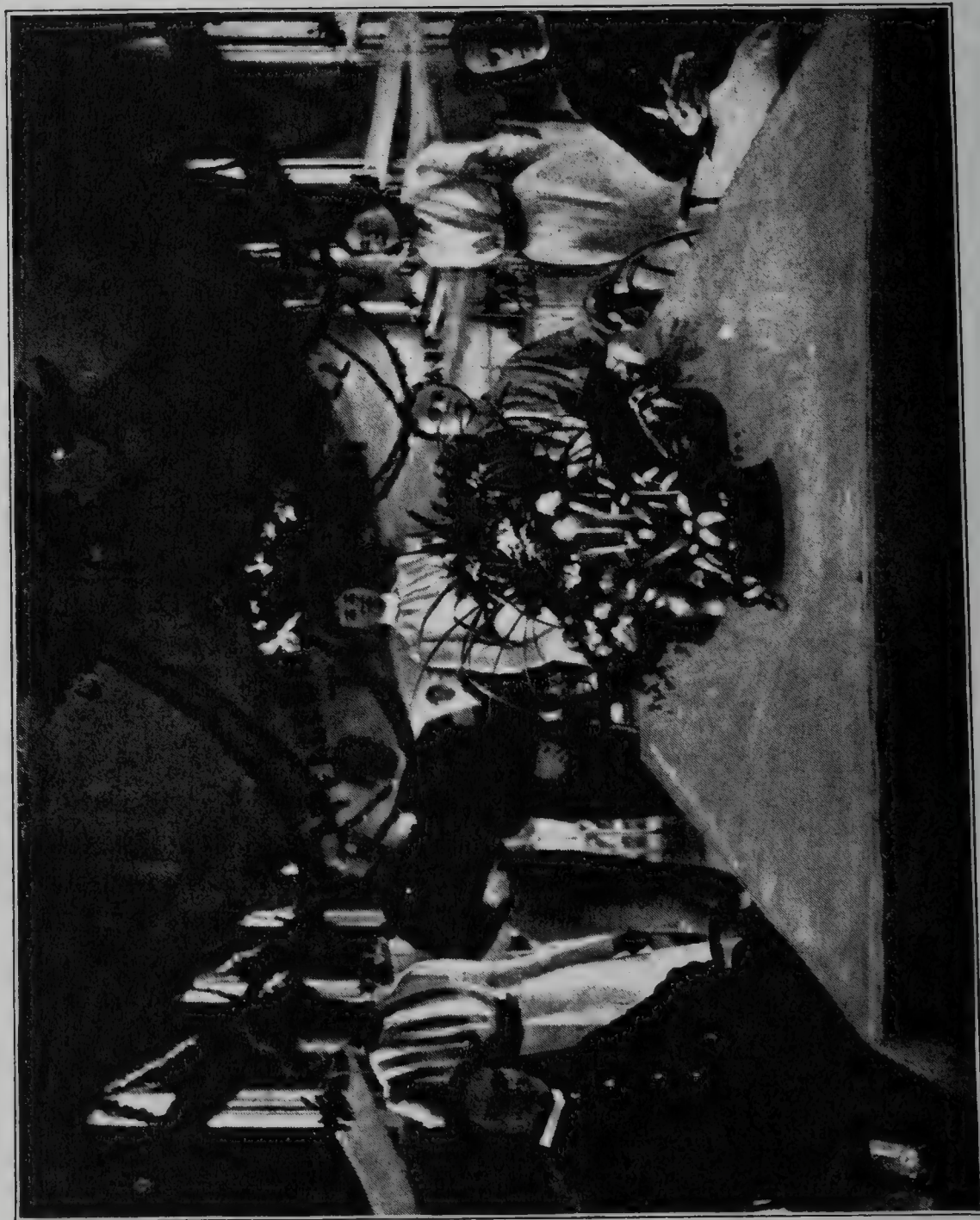
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### PHOTOGRAPHS TAKEN AT THE CONGRESS

THROUGH the courtesy of Curtis & Albrecht, of Buffalo, we are able to reproduce the photographs of the groups of delegates taken at the Congress. In reducing them to the size of our pages the faces have been much obscured. In the original the faces are exceedingly good—especially in the smaller groups of the Spanish-American War Nurses and the foreign delegates.







"PEACE ON EARTH, GOOD-WILL TOWARDS MEN"  
Military Hospital, Presidio, Cal.



# THE AMERICAN JOURNAL OF NURSING

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NO. 3

## SOME CHRISTMAS DAYS IN ARMY HOSPITALS

By DITA H. KINNEY

Superintendent Army Nurse Corps, U.S.A.

THIS festival is the one day of all the year when time-marks are obliterated. The graybeard and the child meet on a common ground, drawn together by a common impulse and a common joy. Large and small seem to look upon the holiday greens, the giving and receiving of gifts, with a running accompaniment of pop-corn, candy, turkey, and mince pie, as their individual and unalienable rights, so that on Christmas Day the sun in his course around the civilized world looks down upon an uninterrupted twenty-four hours of merrymaking and feasting.

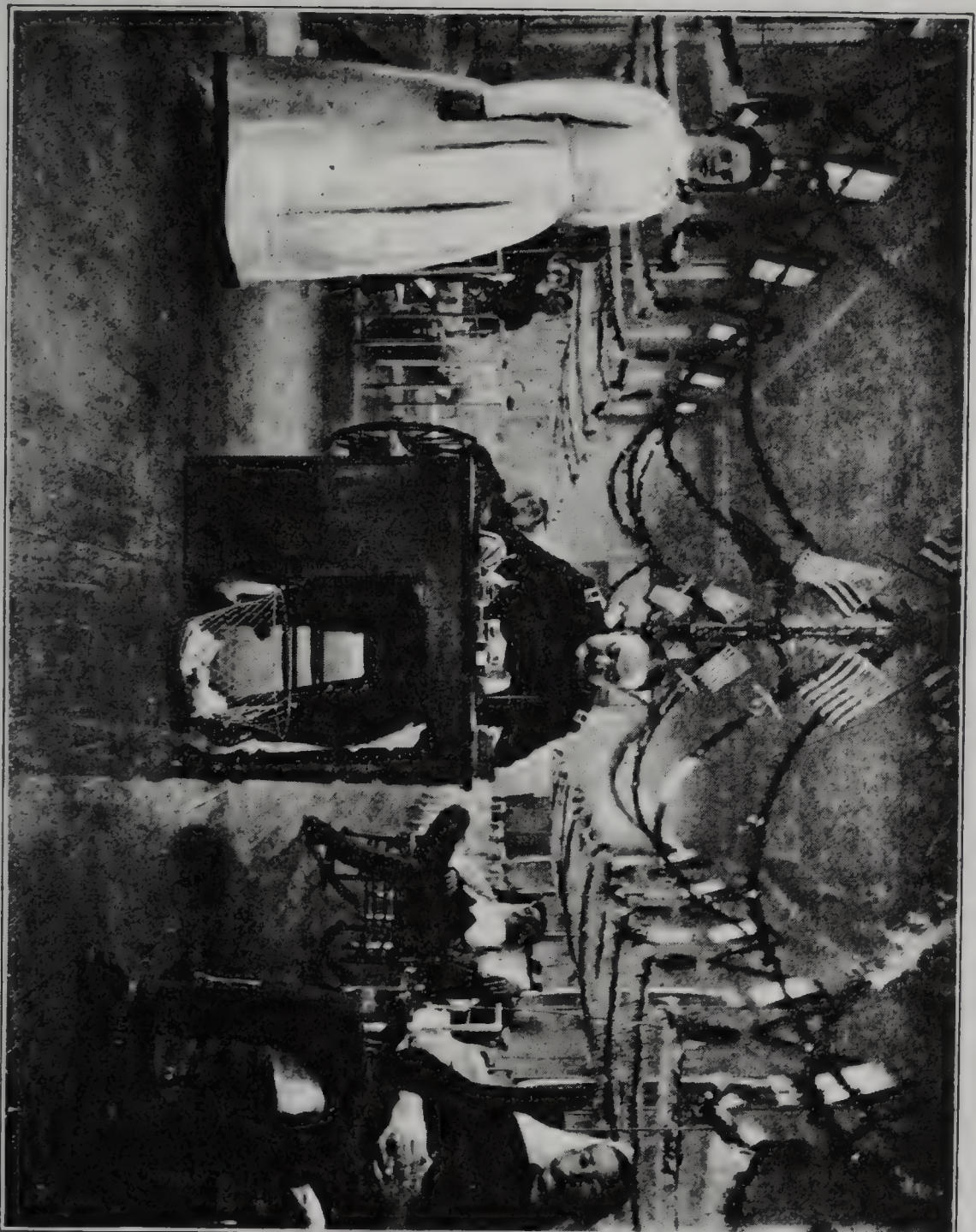
Christmas in the army hospital is no exception to this general rule, but its observances are altogether what each individual commanding officer may deem fitting and proper to make them in his own special institution.

An ex-army nurse writing of Christmas during the Spanish-American War says: "By December 25 all patients had been removed from the tents into the barrack buildings, and the hospital service was well systematized. All patients able to walk around out-of-doors and who were on full diet went to the post mess-hall for meals. Others, of course, were served in the wards. These had from eighteen to twenty beds each, with one nurse and two Hospital Corps men on duty during the day and a nurse and one corps man at night. Each ward was decorated according to the taste and resources of the nurse in charge, some having the pillars down the centre of the rooms wreathed with red, white, and blue bunting, and evergreens, vines, and autumn-tinted leaves gathered from surrounding timber tastefully arranged over walls and pillars. The hall was such a large place that no attempt at decoration was made except with ferns and flowers for the tables. Our commanding officer,



who always had the general welfare and comfort of his patients very much at heart, had a real Christmas dinner provided for them, and all whose condition permitted were allowed to partake. Indeed, some who were on liquid diet were allowed a tiny piece of turkey breast because it was Christmas Day. It was a genuine pleasure to help make them forget that they were far from home and sick. There were three companies of the Fifth Infantry at the fort, and each had its own wooden mess 'shack.' These were beautifully decorated by the soldiers. Most of the nurses were quartered in the Officers' Row, and several of these had Christmas-trees and entertained their friends after duty hours. Christmas of 1900 was passed in the Philippine Islands, and I think I never spent a pleasanter. Some time before Christmas one of our nurses, who had become an army nurse under the auspices of Mrs. Whitelaw Reid, wrote to a gentleman who had been connected with the Red Cross Society for assistance to make Christmas pleasant for the patients, and he very kindly sent her a check for fifty dollars. This enabled her to buy some little gift for each Hospital Corps man and for each patient under our care. For the latter she bought a pair of nice socks and cake of toilet-soap, which were very much appreciated by all. We sat up quite late Christmas Eve labelling the socks and putting into one of each pair oranges and such little things as patients might have. The night nurse tied a pair of socks to the bedstead of each patient, placing it so he would see it on awakening. They were much pleased with the little attention, and some of the men kept their soap on their stands for weeks as something too precious to use. When the doctor made his rounds Christmas morning he put all liquid-diet patients on 'special,' so they could share the Christmas dinner, and no one was made any the worse. For dinner they had beautifully cooked turkey, with dressing and gravy, cranberry sauce, three kinds of vegetables, cocoa, and a layer cake, and a small glass of wine for dessert. The meal was so much enjoyed that it was a real pleasure to serve it. If any were homesick, they bravely hid it. One or two of the nurses had taken their afternoon off that week on Christmas Day, and employed a portion of this spare time in decorating our dining-room with the 'Stars and Stripes,' ferns, brilliant blossoms, orange branches full of fruit, and palms six feet high. There were also palms in the large hall from which the dining-room opened. Our commanding officer considered the nurses a part of his family, and compelled all who came in contact with them to treat them as such. Everything in his power was done for our comfort and convenience, and I have the most grateful recollections of this kind and courteous gentleman. There were several guests at our table, making about twenty plates. Between six and seven P.M. we had a





WAITING FOR DINNER  
Military Hospital, Presidio, Cal.





course dinner, very nicely served by a couple of native boys who had been trained by the major. During dinner we enjoyed the music from a native band stationed in the court below. At eight P.M. our whole party repaired to a room on the ground-floor of the hospital building, where we were most pleasantly entertained by the Hospital Corps with very creditable amateur theatricals, cake-walk, and music, the latter furnished in part by the Hospital Corps and partly by the Filipino band. The entertainment was very much enjoyed by everyone present, including General Hall and staff, who were among the guests. All patients who were able to walk downstairs were present, and also a few who had to be carried down by the corps men. A feeling of 'good-will' seemed to possess everyone. And so ended a happy day, which had begun for the nurses at five A.M. with an examination of stockings filled to overflowing and hung at every bed to remind us of 'childhood's days.' They contained almost anything, from a Japanese doll to a pound box of candy. The doctors too had socks filled to the brim, and I believe enjoyed emptying their stockings quite as much as we did ours."

Another nurse says:

"My second Christmas in the army was spent in the Philippine Islands. Major —, in command, had sent great quantities of gifts to the wards. The goods had been sent to him from various societies in the 'States' for distribution among the sick soldiers. The boxes contained tobacco, pipes, writing-paper, pencils, soap, combs, brushes, knives, handkerchiefs, and a lot of other articles. Miss — and I had charge of sixty men at the time. We decided to suit all by wrapping each gift neatly and placing all in a 'grab-bag.' We allowed each patient to 'grab' for a gift (none being too ill to do so), the corps men holding the bag—and such fun and laughing as all enjoyed! Our doctor happened to come in at the time, and all had a real Christmas jollification. Of course, the 'mess' was extra that day, chicken taking the place of our 'States' turkey, for all who were well enough to have a meal.

"My third Christmas was again in the Philippines, and I celebrated in my own way, and incidentally at my own expense. Being night nurse at the time in the surgical ward of forty patients, where all but two patients were allowed a regular meal, with the corps men's help we managed to surprise them with a treat of goodies,—a plate with dainty paper napkin, cake, fruit, raisins, marsh-mallow drops, besides a bottle of ginger ale, for each man. The delight of the men was really enjoyable to see; they were actually 'boys' of a larger growth. One darkey said, 'Thought people out in Philippine Islands didn't know about Christmas, but I'll never forget this one, long as I live.'



"The day-nurses treated this same ward to cigars. The visiting ladies of Manila during the week brought games, books, cigars, etc. Of course, the 'mess' was as Christmas-like as possible, ice-cream being a special treat for all out there."

In the largest of the army hospitals in the United States the preparations are always on an elaborate scale,—indeed, one cannot be at all sure that these are not a source of more real pleasure to all concerned in them than the events of the day itself.

There is a delightful and entirely good-natured rivalry between the nurses, patients, and corps men as to which shall be the most beautiful ward in point of decoration. The decision is left to the beloved commanding officer, and is announced after his Christmas morning rounds.

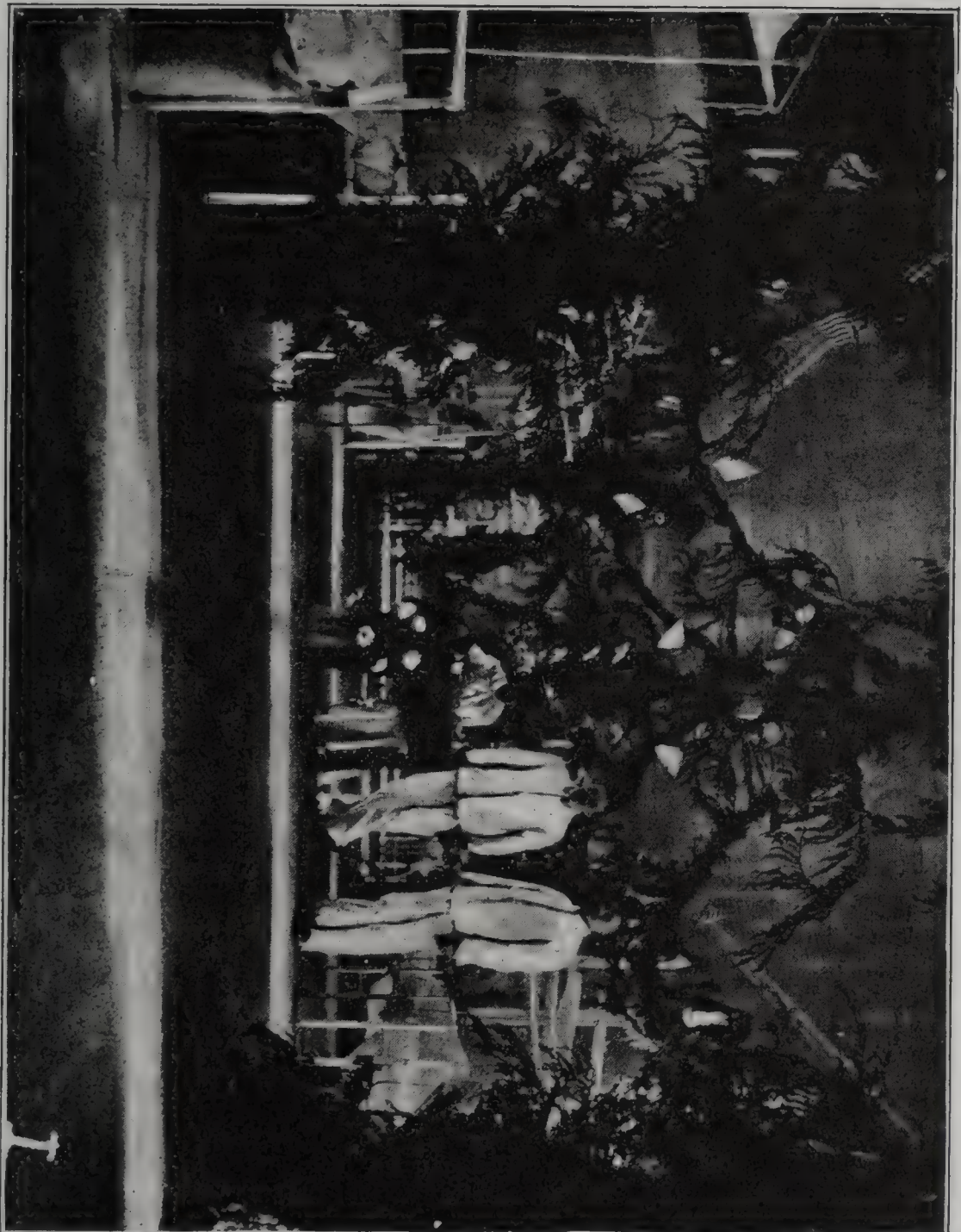
The scheme of decoration is left to the nurses, but convalescent patients and corps men share the pleasure of carrying it out,—and incidentally the pockets of the nurses play an important if inconspicuous part in the affair.

The medical officers enter most heartily into the spirit of the occasion, and while not one of them would for the world have it suspected that he cared specially, each in his heart of hearts shares with his nurses the ambition to have *his own ward* carry off the palm, and so they are seen to make frequent and lengthy visits while the work is going on.

Last year the contribution of the commanding officer to the day's pleasure was a huge Christmas-tree, which he had placed in the great mess-hall. The hospital electrician was directed to spare neither labor nor expense, with the result that every branch was wired, and when the switch was turned on more than three hundred lights of all colors glowed and twinkled among the green.

The ladies of the Red Cross Society sent out gifts for every man in the hospital, and young ladies came from town and served ice-cream and cake in all the wards, and another party came from town and sang carols.

In the rear of each of the large wards is an assembly-room for convalescents. In one of these the doctor in charge of the ward had a unique decoration placed at his own expense. In the centre of the room was a table spread with a fac-simile in papier-mache of every viand which constitutes a typical Christmas dinner. Seated at this table were two life-sized elderly looking figures, a man and a woman. Apparently just rising from her seat was a third figure, that of a young girl whose hand was extended to greet a young soldier in full uniform and "heavy marching order," who was just entering the door. This



THE PRIZE DECORATION  
Military Hospital, Presidio, Cal.





scene was a silent but touching intimation of some of the thoughts which are uppermost in all minds on Christmas Day in the army.

The various messes had each its printed *ménu*, and all the tables were made a delight to the eye as well as to the inner man. All patients whose condition would at all warrant it were allowed a piece of turkey, and some chances were even taken (with no bad results) that all might enjoy something extra by way of celebration.

The nurses had the double pleasure of their own private Christmas joys and the general rejoicing, and when taps sounded through the great quadrangle all felt that the day had been in veriest truth a "*Merry Christmas.*"

There is to this, as to every other picture, a side which lies in shadow, and which in speaking of an army Christmas it is quite impossible to ignore. That the ache and desolation of those who mourn beside a vacant chair is intensified by the contrast which separates them from the rest of the world at this season cannot be denied. Even these, however, on this day bear their grief more silently and bury it deeper that it may cast no shadow upon those who are not bowed under its weight. Not a few of these brave souls are to be seen passing in and out among the beds of those who are waging more or less fierce battles with disease and death, offering to each some word of comfort and cheer. Who shall say that in the sight of Him to whom the widow's mite was of greater worth than all the wealth which the rich cast into the treasury this offering of self-obliviation is not accounted as the most magnificent of all contributions which can be made to the sum of the world's happiness on Christmas Day?

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## A RETROSPECT AND A FORECAST \*

BY CATHERINE J. WOOD

Delegate from Fourteen Nursing Societies of England

THE sick man has been with us from all time, therefore the nursing of the sick is not an invention of the present day, but has gained effectiveness, in common with all cognate subjects relating to life and health, by the light which has been shed upon it in modern times. The nun by the bedside in the convent infirmary was none the less a sick-nurse, though she was groping her way among the perplexities and complexities of human disorders without the aid of scientific knowledge, and that she did her work well we, who stand in the full light of scientific nursing,

\* Read at the Temple of Music on the closing day of the Nursing Congress at Buffalo.



must own. When sick-nursing was undertaken apart from the religious life of the convent, it entered on a new phase, and a phase in which it touched its lowest point. From being the occupation of the well-born and the religious-minded woman, it became the employment of the out-cast and the immoral.

It was at this point that several philanthropists, Pastor Flíedner in Germany, Mrs. Elizabeth Fry in England, and others whose sympathies had been aroused by the ghastly suffering and neglect of the sick, initiated the deaconesses of Kaiserswerth and the Nursing Sisters of Bishopsgate Street. The system of training for both orders was the same: they learned the technical work in the hospital, and were taught general domestic service in the institution. The whole of their life, being ruled and directed as in a religious house, was supposed to be devoted to the service of the sick, though they were without the life vows of the nun. It was an essentially Protestant revival; it sprang out of the heart of Protestant nations. The Roman Catholic nun was still nursing in the infirmary, but her methods were the same; she had not improved her training. The great hospitals up to this date (I am speaking of the first quarter of the nineteenth century) were unaffected by the movement; the masters of the art of healing had not yet grasped the fact that medicine practised without nursing must be one-sided in action; that until the intelligent ministrant took her place as the eyes and hands of the doctor, the best possible was not done for the patient. At this time the skilled nursing of the patient was of necessity left in the hands of the medical students, who were inclined to look on the patient as so much material provided for their instruction. The "nurses" were drawn from the lowest denizens of the surrounding neighborhood, such as preferred sick-nursing to street-walking, and perhaps they were able to combine the two trades. This was the state of nursing as recently as in the sixties. I am now speaking of matters within my own knowledge. The charwoman still reigned supreme in the great hospitals in London as the night-nurse, and was in request when a "special" was wanted; strange though it may sound, this system was one of the hardest to kill. As a variant on this method of night-nursing the nights were shared out among the day nurses, the turn coming every third or fourth night, with the result that the most convalescent patient was set up, the night-nurse taking the vacated bed.

With the Crimean War and Miss Nightingale a better prospect opened out before the sick. Miss Nightingale's work is known to all, it is written in the pages of history, it lives in the heart of every true nurse. To her is due the credit of placing before the world the need of



efficient training for sick-nurses. Herself a student of Kaiserswerth, she contended that no intention, however good, no enthusiasm, however fervid, could supply the lack of technical knowledge or practical skill in handling the patient. This sounded the death-knell of Sairy Gamp and all her sisters, and since 1870 every hospital has become in a more or less degree a training-school for nurses. At first the training of the nurses was in the hands of the doctors; now it has become a specialized department of hospital work and is in the hands of the matron and ward sisters; clinical lectures followed, and now there is very complete theoretical instruction with its corollary, examination and certificate. This is the point where we now stand. With the levelling up of the teaching there ensued, as a matter of course, the levelling up of the pupils, so that the ranks of the profession include the highly educated gentlewoman as well as the woman of the artisan class: it offers scope for both, and both alike are acceptable in its varied departments.

From looking back we must now cast a glance forward, and by a survey of the whole field endeavor to arrive at the future which lies before us. It is perhaps needless to emphasize the fact, so evident to us all, that we have reached the parting of the ways, and depending upon our choice will be the future of one of the most noble of all women's occupations. We are probably all agreed that theory must go hand in hand with practice in the probationer's course, that the three-years' hospital training is the shortest period in which the pupil can secure a full knowledge of her work, that the results must be tested by examination and receive some form of certification: this is our English system, and so far as I have been able to acquaint myself with your methods we agree in principle. Armed with the certificate of her training-school, the trained nurse steps forth on her career to find her place in one of the many branches of the profession open to her as a private, district, or hospital nurse, under the State in Army or Navy Nursing Service, in municipal infirmaries for destitute or infectious patients, or in these various departments of the service in the colonies and dependencies of our Empire.

Now we come to the weak point of the profession: the nurse becomes a unit, irresponsible and uncontrolled. As the ties which bound her to her training-school relax, the allegiance to its unwritten code changes with time into a sentimental recollection; she finds nothing to take its place, she sees no corporation or official body which represents to her the mind of the profession, nothing which may rise up before her as armed with disciplinary or judicial authority, no concrete body of tradition placing before her all the best and noblest of the past: if she has an ideal, it is her own creation; if she has a code of ethics, she has



formed it for herself; if she has a standard of work, it is the lingering memory of the old hospital which has survived in her mind. I think that I am right in saying that in America, as in England, we are no farther on the road that leads to organization.

This state of things can satisfy no one who has the best interests of the profession at heart, but it is more easy to lament it than to find the remedy. There is no doubt that, being a profession of women, we inherit the disadvantage common to the whole sex, the difficulty of combination, of concerted action. A man when he begins his career knows that he has to become part of a whole; that he has to combine with others; that he has to work for the general prosperity of his trade; that if success is to attend his efforts, it is best secured by availing himself of the various organizations which will improve his standing professionally or intellectually. He learned this unconsciously at his public school; it is the atmosphere he breathes; his creed is to play up for his side. We women learn this lesson hardly, some never learn it at all; it may be that we miss the discipline of the public school, but, from whatever cause, we rarely learn to work together for the good of the whole body. The heads of the training-schools, looking no farther than their own four walls; the teachers of the schools, only thinking of the examination that is to follow; the employers of nurses, keen to get all they can for their money; the theorists, or so-called philanthropists, using the nurse as a buffer, or exploiting her to serve their own ambitious purposes; the nurse herself, immersed in the hard stress of competition,—all these have no thoughts to spare for professional organization. From whence, then, is succor to come? It may be forced upon us from the outside, but it is better far that it should come from within.

So long as we are without organization nothing can be done. We want professional agreement on questions of training, practice, ethics, conduct, remuneration. No legislation can settle these points justly without us, and woe be to us if legislation attempts to do so before there is a consensus of professional opinion. In England we have tried the experiment of organizing the profession in conjunction with the medical profession, but with disastrous results; it is a failure, and, moreover, it has had the evil effect of setting the clock of reform back for many years. It cannot be done; we must be free to organize ourselves; the relation of man to woman complicates the situation; the relative position of doctor and nurse makes it impossible. Though our work is in common, the details differ, and though we do not claim independence of the medical profession, we claim freedom to discuss our own affairs, to make our own laws, to decide on common principles of work.

It may be well to recall the object of our work, the relation in which



we stand to the patient on the one hand and to the doctor on the other, and then to ask ourselves: Is the system of training as at present carried out the one that is followed by the best results? Is there not a danger that theory is overshadowing practice? Is not too much time and mental energy bestowed on the study of obscure questions of anatomy and physiology to the detriment of securing that expert knowledge of ministering to the necessities of the patient which is the characteristic of a good nurse? Is there not a danger that the great and important place given to theory in the curriculum and the examination may lead to a want of balance in the mind of the average student, leading her, when free from the etiquettes of the hospital ward, to mix up treatment with nursing, to forget the dignity of her own profession in criticising the methods of the medical attendant? These are very grave considerations, which require to be looked full in the face and considered. We do not want to make a race of spoiled medical students, but capable nurses, and for those who are drawn to seek the higher mysteries of the healer's art there should be opportunities found in a post-graduate course or in entering the ranks of the medical profession. Out of this branch of the subject spring many others, such as the need of a central examining body independent of and above the training-schools, a record office for the registration and filing of the certificates, all controlled by some form of governing body chosen by and forming a part of the profession. Would it not somewhat clear the path from difficulties if some minimum curriculum were agreed on, representing the least possible for the efficient training of a sick-nurse, suited to average intellects and average physique? We need ask for no legal authority to initiate these reforms, and when the time comes when we seek a legal recognition and protection of our status, we have a much stronger claim because we have made up our minds as to what we want, we go with a united front.

As a means to this end we might seek to raise our ideals, to get out of the spirit of money-grubbing and muck-raking for excitement. We want to awaken the spirit of self-sacrifice and self-discipline; the giving of one's best for another, which is the highest of all woman's privileges; to emphasize the fact that sick-nursing is one of the grand ministries of the world; to show the beauty of service. An ideal like this will enlarge the range of our vision, ennoble our methods, place us in a right attitude towards our patients, and shed a new light on our work and life.





## CARE OF THE INSANE

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### I. ASYLUM NURSING\*

BY MRS. CHAPMAN

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THE increase of insanity in the United Kingdom of Great Britain during the last decades of the nineteenth century is an ominous fact, and one to be seriously considered by all those interested in the progress of the nation.

On the authority of the Lunacy Commissioners, as expressed in their report for 1900, it is stated there existed as a registered lunatic one in three hundred of the total population. This fact ought to be sufficient to enable anyone to realize the gravity of the situation. Notwithstanding, there is a great deal of apathy among the general public as regards this development of the various forms of mental disease. It is not as yet recognized widely that cases of mental break-down require equal care and skill in their treatment at the hands of the mental nurse as those which are treated in the ordinary hospital. The efficiency and ability which have slowly come to be regarded as the necessary qualifications of the hospital nurse are not as yet expected to the same degree in the asylum nurse by the public. Much has been done by coöperation and methodical instruction to raise the general standard of hospital nursing and attain the highest efficiency, but with the exception of the efforts made by the Medico-Psychological Association of Great Britain and Ireland and some isolated schemes at two or three asylums very little has been inaugurated by the authorities responsible for the maintenance and for the efficient working of the asylums under their control. Here for years has been a policy of "*laissez nous faire*."

The stimulus which the educational movement in England has experienced the last few years is beginning to arouse interest in circles outside that which is actually engaged in asylum work. The value of systematic training in any profession is now recognized, and the great body of ratepayers, who support these institutions for the care of the insane, are slowly awakening to the fact that the highest economic efficiency is to be obtained by the promotion of the intellectual efficiency of all those engaged in the work of asylums. There is forming a consensus of opinion that to deal adequately with the problems of mental disease and of its alarming increase intelligence must be allied with experience, and that

\* Read by title at the Congress of Nurses in Buffalo.



the perceptive powers of the nurse, in order to meet the varying psychological manifestations of mental disease readily and resourcefully, must be trained to a high degree. Asylums should not be regarded as places where unskilled labor may find a congenial outlet for its energies. The indifference of the past has been great, but the rising interest in the question of efficient mental nursing in our asylums now being manifested is a source of encouragement and hope to the advocates of a better order of things.

There is need to refute the opinion that a nurse may consider herself adequately equipped for her profession without any knowledge of mental disease. If nursing is to be viewed comprehensively, surely all phases of disease should be included in the curriculum of studies laid down for training the intelligence of the nurse. Any system which devotes its attention to only one side of the phases of human disease lacks comprehension. Attention solely directed to the care and treatment of disease as manifested in an ordinary hospital cannot give a complete view of the maladies to which the human organism is subject; rather what is attained is a specialized form of knowledge. It would be interesting to have the opinions of those who have passed through the normal period of training in a hospital as to the completeness of their qualifications. Can they regard themselves as fully trained nurses? Many probably have not viewed the subject in this light, yet if the term "trained nurse" is to have a comprehensive connotation, some doubts must arise in their minds. The hospital-trained nurse cannot regard herself as having had a complete training for her profession as a general nurse unless she has had some experience in mental nursing. The medical superintendent of a large asylum writes on this subject to this effect:

"Looking back on my hospital experience, I cannot help recollecting what a number of 'naughty' patients the nurses in the hospitals insisted on my discharging. Of course, I know now that nearly all these 'naughty' persons were patients with mental symptoms, whom the trained hospital nurse did not know how to manage. They mistook 'madness' for 'badness.' Medical men now are obliged to take a course of lectures on mental disease before they can be qualified for practice. Why should hospital nurses be exempt?"

The experience here stated, probably, is not unique. It points to the fact that there are diseases whose symptoms are not recognized by those whose training is restricted to the hospital sphere alone. The term "trained nurse" has been too long exclusively appropriated by one section of the community of the nursing world. The limitations in the experience gained in the hospital wards should be recognized.



That gained by another section in the sphere of mental nursing equally justifies the appellation "trained." On this ground the status of the asylum nurse should receive adequate recognition. Her duties are exacting and onerous in the extreme, calling forth all her powers of sympathy, tact, resourcefulness, with the power of infusing hope,—qualifications different in kind to some extent from those demanded in the hospital nurse, yet necessarily essential for obtaining successful results.

The principle of subdivision of labor lies at the base of all attainment of high efficiency, and the concentration of effort upon a certain field of manifestation of human disease is necessary for attaining that skill which is so essential for success in medical nursing. Hospital and asylum nurses are coöperators in the work of alleviating that pain and misery which exist so largely in the world. The work of each is correlated with the other. The mental is intimately conjoined to the physical in the human organism, and efficiency in nursing can only be fully attained by the recognition of this relation between the physical and mental.

As it has been laid down that knowledge of mental disease should be regarded a necessary qualification in the trained nurse, so equally must it be insisted that the mental nurse should go through a course of training on the general lines of the hospital nurse. In the infirmary wards of our large asylums there are always a number of cases requiring medical nursing, which can only be given with efficiency by the asylum nurse after a period of training on the lines laid down for hospital nurses. This has been almost universally recognized in the asylums of the United Kingdom. The medical staff in every important asylum deliver lectures and give demonstrations on the subject of the nursing of the sick. The syllabus of the Medico-Psychological Association is comprehensive, and if thoroughly worked will give a good elementary knowledge of the requirements for efficient nursing in the infirmary wards of an asylum.

It is indispensable for efficiency in an asylum nurse placed in charge of an infirmary ward that she should have this general insight into the requirements for successful medical and surgical nursing. This information should be gained in the early stages of her experience before the study of the psychological phases of insanity as a disease be entered upon. It will enable her to get a better grasp of the relation between the psychical and physical and of the interaction which takes place between them.

In most asylums of the Kingdom there has been made during the last few years by the medical staffs of these institutions a sustained effort to impart a general knowledge of the nursing of the sick. It is now



regarded as essential in the nurses of the infirmary wards that they should know something of elementary anatomy and physiology, of the care of the sick and the management of helpless and bedridden patients; the making, moving, and changing of beds and body-linen; the prevention and treatment of bedsores; application of fomentations, poultices, counter-irritants, etc.; the giving of baths; administering enemata; using the catheter; preparing food and feeding helpless patients, with the observation of the effects of diet, stimulants, medicine, etc.; the laws of cleanliness and ventilation; the disinfection of utensils, and modes of disinfection in cases of phthisis and fevers; bandaging; first aid in cases of accident; the observation of mental symptoms, such as hallucinations, delusions, stupor, etc., with the special treatment of epileptic, excited, violent, and suicidal patients, and the care of those requiring diversion and companionship; also management of the convalescent.

The following quotations from a speech by Dr. Clouston, of Morningside Asylum, Edinburgh, on the occasion of a presentation to the head nurse of the infirmary wards of that institution after twenty-six years' service, may be interesting as showing the strides made not only in Scotland, but throughout the Kingdom:

"We have met together to show our respect and regard for Mrs. Findlay, head nurse in the female hospital, and to show our appreciation of twenty-six years of faithful service to the institution and to its sick. At the beginning of that time the sick were not as well treated, not as carefully nursed, as they are now. At that time all institutions had no doubt what was called a sick ward, or a sick dormitory, but not a fully equipped and staffed 'hospital.' Shortly after Mrs. Findlay came here we were making great changes in this institution, and we had under a separate roof a building that used to be called 'The Separates.' This building was intended for the very worst class of the female patients, as it was thought that they were not fit to mix with the others at all, and whether curable or incurable, a troublesome patient was sent down to the 'Separates.' Now, the actual effect of gathering together such an explosive element as this was that each patient made the other worse. It was a veritable pandemonium. Following the general ideas of the time, it occurred to me that this building by a thorough alteration could be made into a small hospital, just like a pavilion of the Edinburgh Infirmary, which could be utilized for the nursing of the newly admitted and weak patients, the keynote of its management being nursing and cure, and not detention. This was carried out, and for the first time really in the history of asylums a building fully equipped was used with open doors, with ordinary arrangements, with a full staff of trained



nurses for the treatment of the mentally afflicted who needed nursing, the hospital being also used for the training of the new nurses. And here comes in Mrs. Findlay's work. She was already in charge of our little 'sick-room,' and I was firmly convinced by the way she discharged her duties there that she would enter fully into the general idea of the new hospital. This she at once realized very fully, and carried out the medical intention that each woman there was a patient laboring under a disease to be *nursed* and treated. This idea, I assure you, was not then universally prevalent. Mrs. Findlay's success in her work, the way in which she both nursed and superintended the nursing of poor sick women and trained our new nurses, has made this idea take possession of the treatment of the whole of the insane in the country. I am quite sure if my friends, Sir Arthur Mitchell and Sir John Sibbald, were here they would back me up in this very strong statement that Mrs. Findlay's success in an ordinary hospital building, her demonstration that this was a possible thing, and not only possible, but an advance on the whole treatment of the mentally afflicted, was one of the reasons why the Commissioners in Lunacy took up the 'hospital' idea, so that now there is not an institution without such a means of treatment. . . . Now the thorough success of Morningside Hospital Section and its adoption elsewhere, and the general amelioration that one feels has thereby taken place in the treatment of the mentally afflicted, is a thing to be proud of and grateful for."

The conditions of the service in asylums in Great Britain give cause for some reflection. The continual changing of the staff which arises from dissatisfaction with the secluded character of the life in institutions, combined with the abnormally long hours of duty, together with an inadequate scale of remuneration, is a feature in asylum nursing which needs careful study. The restrictions enforced ten years ago are now felt to be out of place. There has arisen a demand for greater freedom on the part of the staff, and the expression of a desire for wider opportunities for recreation, a need which can only be met by an extension of holidays and a lessening of the hours of duty. If a high state of efficiency is ever to be gained in the nursing of the mentally afflicted, it can only be by maintaining a state of permanency among the staff able to supply the result of years of experience to meet the exigencies which so often arise in the wards in a manifold variety.

This perpetual ebb and flow among the personnel of the staffs of our asylums has been noted by the Commissioners in Lunacy, and the attention of the ruling authorities of our asylums has been drawn to the fact, and it has been suggested that some determined effort should be made to render the service in our asylums more attractive, both finan-



cially and socially. At present there is no guaranteed pension for service in the county asylums \* of England and Wales, but there is being made a representative effort to promote legislation to attain this end, and so place the asylum nurse upon the same basis as other branches of the civil service of the Kingdom.

In this respect there is a difference between hospital and asylum nursing. There exists a greater need for recreation in the latter. Companionship with demented has a most depressing effect and requires vigorous counteraction to ward off injurious results, while the nervous strain entailed in the care of acute cases of insanity ultimately in a few years reacts upon the nurse and causes a general breakdown unless the motto of "mens sana in corpore sano" is carefully regarded. A true appreciation of this statement can only be gained by those who have had actual experience of the inner life of our asylums and the excessively trying conditions which often exist therein. The effort to maintain a healthy physical tone among the staff of our asylums should meet with every encouragement from the managers of these institutions. A low state of health diminishes the efficiency of the nurse, and the work consequently suffers. However we may regard it, due consideration of the needs of the staff promotes both the medical and economic interests of our asylums. There is expressed a general desire to raise the status and qualifications of the asylum nurse, and some progress in this respect has been made. This can be further advanced by careful selection of candidates. On the whole, it is probable there is better material from which to select female nurses than male. Wider spheres of work for men have a great deal to do with this condition of things, but for those who elect to remain in the service the same course of instruction and training is open as is available to the female nurse, and a man of good character holding the medico-psychological certificate will readily find employment either in an asylum or with a private case. A good moral character is the foundation upon which the successful training of the nurse rests. Asylum nursing makes severe demands on moral qualities of character. Tact, power of self-control, sympathy, and quick perceptive powers are all needed.

On the authority of Dr. Spence, writing in the *Journal of Mental Science* in 1899, it may be stated that there is no wide difference existing between the conditions of asylum nursing in England and in America. The development in recent years in America has acted as a stimulus upon the asylums of England, and the facilities for the interchange of ideas which now exist will promote progress in every direction.

\* Asylums under the management of the various County Councils.



## II. NURSING OF THE INSANE \*

BY S. LOUISE LAIRD

Matron Willard State Hospital

The history of the insane from earliest times to the present day presents strange contrasts of ill-treatment and favor. Among the Mohammedans it was believed that they were the blessed of God, and that their souls were removed early as a mark of partiality. The Orientals regarded their ravings as inspirations, and they were treated with marked respect and kindness; even among the Indians the feeble-minded and insane received kind treatment. But throughout Christendom for long ages they were thought to be accursed and possessed of devils, and were treated accordingly. So we find these afflicted people, miserable because of their mental condition, made infinitely more wretched by being chained for years to the walls of dark and solitary cells, or made to subsist on bread and water, or lie on beds of straw, tortured, whipped, occasionally burned or executed,—always the victims of a fixed belief that insanity was an incurable malady.

In the latter part of the eighteenth century Pinel in France and William Tuke in England became, with others whose names are less known, but who are doubtless as worthy of being immortalized, pioneers in advancing the theory that the insane were human beings afflicted with disease, and gradually the idea that these people were unfortunate and not criminal began to prevail, and the places where they were confined to assume the character of asylums instead of prisons, as formerly. In our own country Dorothea Dix began her great work in the first half of the nineteenth century, and the degree of comfort and care that the insane of America now experience is largely the outgrowth of her zeal and energy. While our present methods are doubtless the best that have existed in this country, still they could be improved in many ways, particularly in the care given the indigent insane. The establishment of training-schools in our State hospitals is a great step in the right direction, the object being to secure for these afflicted people more intelligent and scientific treatment, and surely they need all the help that can be given them, and by as skilful and enlightened nurses as can be obtained.

Insanity is defined as “a prolonged departure from the individual’s normal standard of thinking, feeling, and acting,” and allows of many different classifications. For practical application of the manner of nursing we will consider it from three great divisions:

\* Read at Congress of Nurses in Buffalo.



1. Cases of mental exaltation (mania, acute and chronic).
2. Cases of mental depression (melancholia, acute and chronic).
3. Cases of mental enfeeblement (dementia, paranoia, epileptic insanity, circular insanity, general paralysis, idiocy, imbecility).

In this brief paper we will give more time to the first two classes, as they are the cases which you as graduate nurses will meet, and who require more intelligent and scientific nursing than the third class, as they need but little more than custodial care or the attention given any feeble patient.

“Mania is a form of insanity characterized by emotional exaltation, acceleration of the flow of ideas, and motor agitation.” These cases are very interesting, as about seventy per cent. of them are recoverable, which is always a source of inspiration to the nurse, and a needed one, as their care is extremely wearisome during the excited period. The pathological cause for this disorder is as yet much obscured, careful investigation revealing no anatomical basis, though a theory prevails that it is due to a congestion in the higher brain-cells. Perhaps the belief in another theory, that there is a lack of nutrition in the nerve-cells, producing this unnatural condition, is the best for a nurse, as then she will be stimulated to persevere in feeding her patient, which is regarded as one of the chief agents in bringing about a recovery.

Usually a maniacal outburst is preceded by a period of depression, which may continue for a few days or for a longer time, possibly several months, and when this gives way the true disorder begins to manifest itself and the patient becomes noisy, restless, incoherent, and lacking in self-control. The entire system is disordered, the skin being hot, the tongue dry and coated, sometimes to a great degree, the lips often parched and bleeding, the bowels irregular, the urine scanty, the sleep disturbed and fitful.

In mania the habits are often most untidy, due to inattention on the part of the patient to bodily wants.

As there is usually no distaste for food, there may be no difficulty in giving it, but again it may have to be administered forcibly, as the patient's mind is too exalted and preoccupied to know if he has eaten or not. Simple liquid foods are recommended to be given frequently and in as large quantities as possible, even to the point of overfeeding. Rest in bed with treatments in massage are urged if the patient is not too resistive.

Sleep may be induced by warm baths or hot wet packs, though occasionally a sleep-producing agent will be necessary. In some cases there is much danger from over-exhaustion, but if food be given in sufficient quantities and is assimilated this result may be averted. As



much care should be given the hair, teeth, and mouth of the patient as if he were suffering from a fever delirium, and this will add greatly to his comfort and appreciation on recovery. There is but little danger of suicide in maniacal cases.

As to his moral treatment, there is no use in arguing with him in regard to his delusions, though these may be gently but firmly contradicted or else disregarded, and while it is best in the acute stages never to discuss these hallucinations and delusions, still they should not be acted upon or agreed with. During convalescence brief but positive denial of the imaginings of the patient may be beneficial, but it should always be done in the kindest spirit and manner. As the patient improves there will be a gradual subsidence of this exalted state towards the normal condition, possibly accompanied by a "tearful irritability," and gradually the mental balance will be restored. There are instances where this restoration takes place very suddenly upon awakening from a normal sleep, but this is not usual.

The course of an attack of acute mania usually extends over a period of from three to six months, though some cases appear to run their course in a much shorter time. Occasionally this disorder takes the form of an inflammatory condition of the brain, in which all the before-mentioned symptoms will be greatly intensified and death may result from exhaustion. More frequently death is the result of some complication, as nephritis or pneumonia. About five per cent. of these cases die and ten per cent. result in dementia. Seventy-five per cent. show hereditary taint, which, while it is not considered an essential factor in *producing* mental disorders, is regarded as rendering the nervous organism unstable, and therefore more liable to collapse when it meets any severe strain, either physical or mental.

Cases of chronic mania are very rare, and consist of a continuance of maniacal disturbances extending over a long period, perhaps for years. As a rule, the physical condition of the patient will remain good, the mental state one of elation, and reason and judgment will be much impaired. There is no tendency to suicide and the habits may be most untidy. Recovery from chronic mania is very unusual.

The second class of insane which we will consider are cases of mental depression or of melancholia. This form of insanity is characterized by "constant depression, retarded flow of thought, and fixed delusions." These are certainly the most miserable of all that great body of people. Some sit for days with drooping figures and sad faces, absorbed by the contemplation of their own misery, believing most firmly that they have committed an unpardonable sin, or that they are responsible for the sins of the world, or that they have brought want



and trouble upon their families. Others constantly walk about, moaning and wringing their hands, while still others complain they have no feeling at all, seeming unable to appreciate any sensation of either pain or pleasure. When hallucinations are present they are of a depressing and terrifying nature, and the patient is often troubled by "hearing voices" which constantly reprove or threaten him.

The physical condition is most uncomfortable, the skin being pallid and cold, the circulation slow, digestion retarded, headache almost constant, urine often profuse because of intense emotion, bowels constipated, food refused because of distaste for it or from troublesome delusions, as a belief of unworthiness to eat, a fear of poisoning, or dread of bringing want upon others—altogether they present a most pathetic condition when in the acute stage. As in mania, there is no known anatomical cause, though it is supposed to be the effect of cerebral anæmia or of auto-toxemia. It is not yet known how far the absorption of intestinal poisonings is an agent in producing insanity, but it is believed it is a more frequent agent than is generally recognized, and it is certainly a most important factor in retarding the recovery or in increasing the intensity of melancholia. Ill-health, business or love troubles, grief, overwork, shock from fright, or religious troubles are among the alleged moral causes in bringing about this unhappy condition, and, as in mania, hereditary taint is found in more than one-half of the histories, which weakens their power of resistance.

From this picture you can understand how true it is that the most serious danger to guard against is that of suicide, even in the mild cases, and the newspapers furnish us almost daily evidence that this fact is not generally understood. Knives, scissors, cords, door-keys, anything that could be made an agent in ending one's life, should be carefully removed, the windows arranged to open but a little way, and constant oversight may be needed to prevent the patient from strangling himself with a strip of bedding or clothing. Removal from his friends and usual environments is often found of great benefit, even the change to a State hospital may be a relief. With familiar faces and objects about him he only realizes more keenly how he has changed, and this adds to his depression. Moderate travel,—always guarding against a tendency to suicide,—a short visit to the country, or going to the house of some physician or to a sanatorium may produce very good results.

As in cases of mania, food is one of the most important remedial agents, but it must be selected and given with far more care, as the digestion is more enfeebled. It should be pushed to the point of over-feeding, if necessary, and may consist of most liquid nourishments, rare or raw beef, eggs, prepared cereals, and sometimes green vegetables



or fruit. That it be digested is the great feature, and as the digestive organs are always weakened, they should be constantly observed. One authority recommends washing the stomach frequently with salt solution and giving "high enemas," with a view of ridding the system as far as possible of masses of undigested and unassimilated food and also stimulating the lining of the intestinal tract. Continual rest in bed with massage is strongly recommended in extreme cases of melancholia, but with milder degrees part of the day in bed, with the remainder spent in some occupation out-of-doors, if possible, may be more beneficial. For sleeplessness either hot wet packs or prolonged warm baths (from one-half to two hours—110°) are usually successful, though mild hypnotics may be necessary.

As to the moral treatment during the acute stage, it is best generally to leave the patient quite alone. He cannot take an interest in others; he is unfit for labor, either physical or mental; amusements are painful to him, and his reason and judgment are both impaired. To surround him as nearly as possible with a neutral atmosphere is the best treatment, and, as in cases of mania, one should never argue with him in regard to his delusions, though occasionally they should be firmly and kindly denied. Sympathy may be given a melancholiac and will be greatly appreciated, and hopefulness should be inspired in every way possible. It is wonderful how much effect those about them may exert over the minds of the insane, and a nurse has it in her power to materially aid or retard a recovery by her moral attitude towards her patient. All sources of irritability should be removed as far as she is able, and her whole aim should be to govern by kindness, patience, firmness, and sympathy. This fact is far too little understood and practised, and the tendency to play "with the mind diseased," to make the patient express his delusions for the amusement of herself or others, cannot be too severely criticised and condemned.

When the recovery of these patients is once established, regular physical occupation, as walking, bicycling, playing golf, any out-of-door exercise, or some useful manual labor should be begun and encouraged. "Substitution of thought" as soon as the patient is able to be diverted should be sought in every way, and to aid him in his efforts to forget his own depression is of the utmost importance.

In cases of simple acute melancholia about ninety per cent. are recoverable and five per cent. result in death, usually due to marasmus, suicide, visceral disorders, or pneumonia. A very large number of the chronic cases die of tuberculosis.

We will now consider briefly the third and largest class of the insane,—that of mental enfeeblement.



Dementia is the general term given to the greatest division of this disorder, and one author speaks of it as "the goal of all insanities." Being the result of so many different disturbances, it assumes numerous phases, which we will not have time to consider in detail. Rare cases of "primary dementia"—that is, enfeeblement of a mind once normal with no acute form of insanity preceding it—may follow prolonged physical or mental strain, such as may attend the vicissitudes of war or some intense fright or shock, in which case the usual care of an acute insane patient may be given and recovery looked for at any time, from a few months to a year. More frequently these cases merge into a condition called "secondary dementia," where the enfeeblement is recognized as the sequel of some cerebral disease, as epilepsy, alcoholism, syphilis, melancholia, and mania.

Secondary, or "terminal," dementia may be divided into two classes, apathetic and agitated.

About two-thirds of the patients in our State hospitals are demented, many of whom were maniacal or demented when committed, but have since lapsed into a quiet existence with but little emotional basis. Their condition is more pathetic from its hopelessness, though mercifully they are more contented with their lot than one would imagine they could be. They appreciate any comforts or favors very highly, take an active pleasure in amusements,—a large part of the work about the hospital is performed by them,—and while they are not capable of initiating any work, they acquire automatic habits of employment when directed and supervised. They are very useful to the hospitals, and are deserving of all that can be procured for them in the way of improvements or diversions. In the advanced stage of apathetic dementia the patients do not speak; they crouch or lie about on the floors or in corners in the most negligent attitudes and cover their heads with their clothing, while those with agitated dementia are restless and subject to sudden outbreaks of excitement with no external cause. With either of these classes when the mind reaches a certain plane of deterioration it remains stationary for years, perhaps. All of the faculties are impaired,—memory, reasoning, judgment, and will,—though the physical condition may be quite sound and only custodial care is required.

About ten per cent. of all epileptics become insane, and the usual form of their disorder is dementia. They require the care of an ordinary epileptic, but as they are subject to sudden outbreaks of rage and fury, when they may commit some serious assault or crime with no subsequent recollection, their confinement in an institution is strongly recommended. Recovery of a case of epileptic insanity is most unusual.

"Circular insanity" is characterized by alternating conditions of



mania and melancholia, and while made up of the three most curable forms of mental disorders, is still the most incurable itself. These cases are best cared for in institutions, to prevent suicide in a melancholic stage and extravagance in a maniacal period. By medical treatment these cycles may be retarded or postponed, and the same nursing should be given these cases as that recommended for mania and melancholia. The rest cure and hydrotherapy are useful in both phases.

"Paretic dementia" is a disorder characterized by progressive enfeeblement of the mind combined with general paralysis of the whole body. Intellectual overwork or strain of a system impaired by alcoholism or syphilis is believed to be the chief cause of paresis, and it usually runs its course in from three to five years, when death is very liable to occur. In its early stages it may be mistaken for neurasthenia, but gradually more marked symptoms will be noticed, as the paretic articulation and writing, loss of reflex action, emaciation, failure of memory, emotional irritability, and exaggerated delusions. These delusions are of a most extravagant nature, and usually grow as the physical weakness increases. The patient may believe that he is conducting large business enterprises or that he is President or the Czar, or he may have delusions of great wealth, and bestow upon those about him checks for large sums, or give them property in many forms. As a rule, these patients are far from strong, weak hearts and degenerate liver and kidneys being common among them. Their bones are unnaturally fragile, and in the latter stages of the disease their habits become very untidy, and they have a peculiar liability to bedsores due to a disorder of the nerves which control the nutrition of the skin. As the final stage approaches there may be apoplectic seizures or convulsions, the patient becomes speechless, bedridden, more helpless than an infant, sometimes hardly able to swallow his food, until finally death comes to his relief. These are most distressing cases, and if possible should be taken care of in an institution for the insane.

The care you can give a patient of this class is most limited. In the early stages to keep him from squandering his property or scandalizing his family by some immoral act, as the disease progresses to repress his untidy habits, to keep him at some occupation as long as he is capable of performing it, and later to take the same care of him as would be given any paralytic is as much as we can accomplish. While the progress of this disease may be retarded by different medicines, still it is usually fatal, and one feels that death is a welcome relief from conditions so degraded and pitiable.

Paranoia is a form of chronic mental disease characterized by a



gradual development of fixed systematized and elaborated delusions of persecution, conspiracy, etc.

These patients in the early stages of their disorder may be called "cranks," and admit of a most elaborate classification. I will only mention a few general symptoms, as it may aid you in being more tolerable of the oddities of "queer people," some of whom are unable to control their idiosyncrasies, being in the first process of paranoia. In childhood usually a paranoic will be bright, though he may be of a shy or solitary disposition, showing eccentricities of conduct as he grows older. He becomes suspicious and depressed, having a vague idea of conspiracy to deprive him of privileges or property. This is called the persecutory state. He constantly feels that a mysterious combination called "they" are against him, and upon questioning he may explain that he refers to some secret society or some religious or political organization or some important person whom he may have known about, all of whom are working to harm him. These ideas are of vast proportions and show great system and organization. Not infrequently the patient desires to make appeals to the Supreme Court, the President, the Pope, any power he thinks can be reached. This is followed by a transition or expansive stage, in which he seeks an explanation of all these persecutions. He sees how it was all planned out for him, perhaps discovers that he is of noble or divine birth. He may find much consolation in the belief that he is beloved by someone of a much superior station. Quite frequently these people have distinguished themselves in literature or in history. Many feel that they are ushering in a new religion, and it is something of a shock to find that Mahomet, Swedenborg, and Joan of Arc are mentioned with these cases. Among the political paranoics we find the names of John Brown and Guiteau. The so-called cranks of this description really create a dangerous element in society. They are apt to make some homicidal assaults in consequence of their delusions, but if confined in asylums they accept that as a part of the scheme against them, and believe that some benefit will result from it either to the world or to themselves. They often show a proprietary interest in the institution, and are very useful and interested in the different forms of work. These patients usually live to a good old age, free from care, and while terminal dementia is quite sure to develop, still the process is not rapid. There is little to be said in the way of treatment, and their physical condition is usually good. Out-of-door work is recommended to keep the mind diverted from its delusions and hallucinations as far as possible, and through bodily fatigue they obtain a fair amount of repose.

Before closing I must make a brief mention of two agents—hydro-



therapy and electricity, which are used among some of these patients with marked success. Hydrotherapy is a form of treatment among the insane which is daily gaining in favor. It is applicable to cases both of mania, melancholia, and some forms of dementia, but in order to be used fully it calls for a hydrotherapeutic apparatus which is never met with except in sanatoriums or hospitals, where its use is directed by the physicians.

I will not take the time here to describe these appliances, which are most complex and can be used in many ways, but will endeavor to give instead a few practical therapeutic methods, which you can use in any house with ordinary plumbing.

It is known that water affects the nerves in many ways. Cold baths increase the irritability of the brain and spinal cord in a reflex manner by stimulating the nerves of the skin and quickening the circulation, while warm baths are relaxing, and tend to induce sleep and diminish the irritability of the nerves. By keeping in mind the difference in hot and cold baths one can devise many ways of applying them with great benefit to the patient. Short cold baths, combined with sprinkling or rubbing, are stimulating and tonic. The spinal douche is a powerful tonic as well as a mental stimulus. By means of a proper nozzle a strong stream is directed up and down the back of the patient at a distance of ten feet, if possible, and for a few seconds only. Sometimes this is alternated with a stream of hot water, and may be used for cases of hysteria or neurasthenia or where there is sluggish intellect, stupor, or apathy. This should be persevered in daily, and the temperature of the water gradually reduced till lowered to fifty degrees. In a private house the patient may stand in any ordinary bath-tub and this process be imitated by using the usual spray bath, and while the force cannot be as great as from the regular apparatus, still the reaction may be quite marked and beneficial. The portable steam-bath arrangements of these days make the hot-air and vapor baths possible to all, and can always be used when the patient is quiet enough to produce general relaxation and possibly sleep. The prolonged warm bath before mentioned and the hot or cold wet packs are always at hand, and if properly used may prevent the necessity of giving hypnotics and aid materially in regulating the circulation and relaxing the nerve tensions.

Electricity is believed to have much the same value as massage when used in connection with the rest cure. It also has a tonic effect, but as its specific use belongs to the physician's domain, I will not take up our limited time in an attempt to describe its subtle effects and the manner of its application. You will always have to "follow the doctor's directions."



We may then sum up the care of any acute case by rest in bed, overfeeding with light food, careful observation of the digestive process, massage when possible, hot wet packs or baths for sleeplessness, and electricity when it is indicated. The care of the chronic insane is much more limited, being an effort to make them as comfortable and happy as their mental conditions will allow and to keep them employed as far as possible to delay the process of brain decay. These cases are so different that there can be no general line of treatment followed, and there is but little to inspire one to endure much that is monotonous and disagreeable, except a pity for their unhappy condition and a wish to aid in making what remains of their lives as attractive to them as possible.

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## DISCUSSION.

Miss Wood.—I am a delegate from the Asylum Workers' Association. The Asylum Workers' Association is a modern growth. It is an association of medical specialists and the more intelligent and advanced superintendents and nurses in the asylums. The object of the association is to improve the condition of the patients by improving the education and equipment of their attendants. Our asylums have been a by-word for a long time because of the very low standard of the attendants employed by them. Women of no character or of shady character, who could not get employment elsewhere at other work, obtained employment in them. The means by which the society aims to bring about a different state of things is by the education of its attendants. They demand that those who wish to belong to the Asylum Workers' Association shall pass the examination of the Medico-Psychological Society, which is one of the medical associations of England especially devoting its attention to the medical profession interested in that branch of work, and it wishes to bring about a higher standard of attendants by giving them an examination and requiring that they shall hold a certificate. All asylums, whether in touch with the Medico-Psychological Society or not, are educating their nurses by giving them lectures and practical instruction, by teaching them the various courses, etc., which Miss Laird has brought out before you. There is another step which has been taken. Now there is an infirmary which is properly equipped like a hospital for the patients. This was not always so. This is utilized for the training of nurses to a limited extent in medical and hospital work. It is hoped by the Asylum Workers' Association that the nurses in the asylums and the head nurses or attendants may be trained nurses only, and that they shall also be trained for the special treatment of the insane. You see that there is an attempt, then, to raise the standard. But, of course, with the raising of the standard of the work must come a very much improved condition under which the nurses in the asylum shall do their work. The better class of women will not accept the existing conditions, and one of the objects is to bring about longer holidays in the year and shorter hours, and that the women shall be treated with respect. The work which the Asylum Workers' Association has set before it is a difficult one, because the public in England is not aroused to a sense of its own responsibility, and there is no encouragement for people to make themselves acquainted with the machinery of the asylums.



Our County Councils undertake the care of the insane in their districts and the asylums in a very satisfactory way. In the selection of nurses the utmost care is taken that the people in charge shall be properly equipped for their work. The best buildings in the world and the most complete appliances are of no use without the proper attendants. It is now the aim of the individual nurse to understand the character of the patient with whom she has to deal. She should have a sense of individual responsibility, and should begin to take some pride in her calling.

In the old days the mad-house attendants, as they were called, were looked upon as persons to be avoided and not received into society of any kind. Now, if we can only bring about a feeling upon the part of the public that we are banded together only for good, the work of the Asylum Workers' Association will be a grand one, and will mark a great step forward in our work. If there are any persons here interested in the work, and there are any points which I have not covered, we have the literature of the association here, and I will gladly give it to anybody who would like to ask a question.

MISS RICHARDS.—I am very glad to speak, even with the very little knowledge I have of this subject. I am very glad to welcome any advancement which tends to the better care of the insane in our hospitals. I feel that I, for one, knew almost nothing about the nursing or caring for the insane until I became the superintendent of nurses in a Massachusetts State hospital, where we have organized a training-school for the care of the insane. Miss Wood tells us something of the work in England. In our hospital we have a male and a female infirmary. The male side is very distinct from the female infirmary, and is taken care of by male attendants. In our hospital each nurse in the training-school must spend a certain amount of time in the infirmary. She learns there very many of the ways used in the general hospital. In taking care of a sick person she has to remember that she is not only taking care of a person's body, but also of a diseased mind, and must govern herself accordingly. Many of the orders given by the doctor can never be carried out. This the doctor knows, and he should try to regulate his treatment accordingly. We must remember that the first object is the recovery of the patient. We have in our hospital a plan for classifying patients as much as we can. We place the quiet patients by themselves. We put the excitable ones by themselves, and keep them in bed for days if necessary. Remember, we do not bind them down with straps, as we used to do. They do not have on manacles. The sheet, with arm-holes for the arms, is the only restraint used. They are watched day by day as they become more and more quiet, and very soon they are up and walking about the ward. If they walk about the wards too much, they are put back to bed and are tried again in a few days. Many of the cases that seemed beyond recovery eventually, with their minds cleared up, go to their homes well and happy. We feel that we are making very slow strides, but please remember that in our first few years of training we may advance very slowly, but we stand ready to receive anything that will help us forward to better things. We want conscientious women for heads of training-schools; we want women in our hospitals with exceedingly warm hearts.





## THE RÔLE OF INSECTS IN THE PROPAGATION OF DISEASE

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THE statements regarding malaria and yellow-fever, while conclusive from an experimental point of view so far as the mosquito as the bearer of disease is concerned, were made many years ago based on a theoretical point of view. In 1807 Dr. John Crawford published a paper in the *Baltimore Observer* entitled "The Mosquitual Origin of Malarial Disease." \* In 1848 Dr. Josiah Nott, of Mobile, Ala., wrote a paper on yellow-fever in which he advanced the theory of the mosquito as the cause of the disease.† Dr. Finlay, of Havana, Cuba, in 1881 considered the possibility and strong probability of the transmission of yellow-fever by the mosquito.‡ The most comprehensive article on this subject from the theoretical side is that of Professor A. F. A. King, M.D., on "Mosquitoes and Malaria" in the *Popular Science Monthly* of September, 1883, vol. xxiii., No. 5, page 644 et seq. Professor King's theory was based on the following facts:

"1. Malaria affects, by preference, low and moist localities,—in fact, swamps, fens, jungles, and marshes. This statement no one will dispute.

"2. Malaria is hardly ever developed at a lower temperature than 60° F. A temperature of 60° F. is necessary for the development of the mosquito.

"3. The evolution or active agency of malaria is checked by a temperature of 32° F. The mosquito is killed or paralyzed, so that its active agency is checked, by a temperature of 32°.

"4. Malaria is most abundant and most virulent as we approach the equator and the sea-coast. The swarms of mosquitoes (as well as of sand-flies, ants, and other insect plagues) that infest many equatorial regions are well-known, and with regard to sea-coasts the accumulation of mosquitoes is both a fact and easily susceptible of explanation.

"5. Malaria has an affinity for dense foliage, which has the power of accumulating it when lying in the course of winds blowing from malarious localities.

\* "Mosquitoes and Malaria," by A. F. A. King, M.D., *Popular Science Monthly*, vol. xxiii., No. 8, page 646.

† Ibid., page 645.

‡ Ibid., page 644.



"6. Forests or even woods have the power of obstructing or preventing its transmission under these circumstances.

"7. By atmospheric currents, malaria is capable of being transported to considerable distances, probably as far as five miles; so, certainly, is the mosquito.

"8. Malaria may be developed in previously healthy places by turning up of the soil, as in making excavations for the foundations of houses, tracks for railroads, and beds for canals.

"9. In proportion as countries previously malarious are cleared up and thickly settled, periodical fevers disappear.

"10. Malaria usually keeps near the surface of the earth; it is said to 'hug the ground' or 'love the ground.'

"11. Malaria is most dangerous when the sun is down, and it seems almost inert during the day.

"12. The danger of exposure after sunset is greatly increased by the person exposed sleeping in the night-air.

"13. In malarial districts the use of fire, both in-doors and to those who sleep out, affords a comparative security against malarial disease.

"14. The air of cities in some way renders the poison innocuous, for, though a malarial disease may be raging outside, it does not penetrate far into the interior.

"15. Malarial diseases are more prevalent towards the latter part of summer and in the autumn.

"16. Malaria is arrested, not only by trees, walls, etc., but also by canvas curtains, gauze veils, and mosquito nets.

"17. Malaria spares no age, but it affects infants much less frequently than adults."

So much for the theoretical side of the subject. If one carefully studies the different facts as given by King, one cannot fail to see that in each instance the conditions are such as are necessary for the development of the mosquito. For instance, malaria is most frequent in marshy localities, hence the common name for the disease is swamp-fever. Malaria is rare in cold weather, so is the mosquito. Residents in malarial districts have an inborn fear of night-air,—just the time when the mosquito is most active. In short, there seems to be no weak link in the chain of argument which King advances in support of his theory of the mosquito as the cause of the spread of malarial fever.

In 1885 Laveran published an account of a parasite found in the red blood-corpuscles of human beings ill with malarial fever. At about the same time Councilman described the life-history of this organism. It is now accepted by the medical world that this parasite, known as the



plasmodium malarie, is the cause of malarial fever, swamp-fever, intermittent fever, chills and fever, ague,—all these terms being synonymous. The cause of the disease having been discovered, it became a matter of interest to disclose the manner in which this organism finds its way into the blood of human beings, whether by the alimentary canal or by the respiratory organs. The number of different parasites, both animal and vegetable, which have been proved to be the cause of disease of greater or less severity in man is very great. Some of these parasites find their way into the system through the alimentary canal, others before they can gain an entrance into the system require an abrasion of the mucous membrane and the skin, of greater or less extent, and others still require an intermediate host, as is the case with the malarial protozoön. After the discovery of the protozoön was made and King's paper, to which allusion has been made, was written, physicians in different parts of the world simultaneously conceived the idea that the mosquito might be a factor in causing the prevalence of the so-called malarial fever. The terms malaria, malarial fever, and swamp-fever are now misnomers. The disease should be called by the comprehensive name of gnat fever, which gives an idea of the mode of its propagation. The experiments with mosquitoes have been so extensive and so varied that it must be accepted that the mosquito is the carrier of the plasmodium malarie. The different varieties of mosquitoes is quite large, being something like twenty-five. The mosquito of the variety *Anopheles* is the one that conveys the protozoön; the *Culex*, which is the most common variety seen in this country, does not seem capable of transmitting the disease. The manner in which these two varieties rest on the wall of a house is extremely interesting and serves as a ready method of distinguishing them. The *Anopheles*, or malarial mosquito, appears as if standing on its head or with its body at an angle with the surface, whereas the *Culex* always assumes a hump-back appearance, and the main portion of the body is parallel with the wall. The genus *Anopheles*, or malarial mosquito, was classified and described in 1818, but, of course, at that time nothing was known of the plasmodium malarie or of the agency of this insect in transmitting disease. Very few of us, without stopping to think, have any idea of the remarkable fecundity of the average mosquito. It has been estimated that the female under favorable circumstances will lay eggs in a single season which are represented by twenty-five figures. It is an interesting fact that the female *Anopheles* is the blood-sucker; the male does not drink human blood.

Not only has the plasmodium malarie been found in the stomach of the mosquito, but there have been quite a number of experiments in which observers have lived for varying lengths of time in malarial dis-



tricts without contracting the disease, being protected by means of mosquito nettings. For instance, there is the experiment of Fermi and Tonsini as described by Patrick Manson, M.D., in the *Practitioner* of March, 1901.\* This experiment was conducted on the island of Asinara, an islet to the north of Sardinia, used as a convict station and lazaretto. The island is highly malarious, especially in its southern part.

“During the fever season it was ascertained that there were some six hundred or seven hundred square metres of stagnant water suitable as mosquito haunts. This water was treated twice a month with kerosene. Mosquito destruction was further attempted by burning culicicide powders in the dormitories of the convicts and in the cottages. All windows were protected with gauze. As a result of these measures it was almost impossible to find *Anopheles* in the houses, and other mosquitoes were much reduced in number as compared to former years. No fresh case of malaria occurred during the entire malaria season, from June to November. During the previous season there were forty cases of infection contracted on the island.”

“Grassi’s experiment as described by the same writer was conducted on the railway, which for twelve kilometres runs through the intensely malarial plain of Capaccio, which is so unhealthy during the fever season that all inhabitants except those employed on the railway leave for a time. On this section of line there are two shunting cottages and two stations. They were inhabited by one hundred and four persons, including thirty-three children. Of these one hundred and four individuals, with the exception of eleven, all had suffered from fever in previous seasons.

“Grassi subjected all who during the non-malarial season had shown signs of previous infection to active quinine treatment. The entire number were provided with wire-gauze protection from June to October. They were enjoined to retire into their protected houses at sunset and to remain there till sunrise. Those who went on duty during the night were provided with thick cotton gloves and veils.

“Notwithstanding the treatment with quinine, a gramme every seven days, twenty-seven individuals had relapses of their previous infections, namely, six in March, sixteen in April, six in May, seven in June, one in July, and one in September. The fever season began about the end of June, a case occurring in an unprotected man in the neighborhood of the railway.

“Of the one hundred and four protected individuals, with the exception of three instances which might very well have been recrudescences

\* “*Ætiology, Prophylaxis, and Treatment of Malaria*,” by Patrick Manson, M.D., *The Practitioner*, March, 1901, vol. 66.



of previous infections, all remained immune; whereas of twenty-five people in cottages just outside the protected area, notwithstanding prophylactic treatment with quinine, all got the fever, and in about three hundred individuals living on farms on elevated ground only five escaped, and these, there was reason to believe, had from repeated infection acquired relative immunity."

"A very striking experiment was that performed by Drs. Sambon and Low, of the London School of Tropical Medicine, in the Roman Campagna during the late summer and early autumn of 1900. They had constructed a comfortable little five-roomed wooden house about three hours' drive from Ostia, in one of the most malarious portions of the Campagna. The house was tightly built and was thoroughly screened. The experimenters lived in this house through the period when malaria is most prevalent. They took no quinine and no health precautions beyond the fact that at sundown each day they entered the house and remained there until daylight the next morning. Dr. Rees, of the London School, visited them and occupied the house with them for a portion of the time, and all three conducted laboratory work in one of the rooms, which was fully equipped for such a purpose, and led a busy and contented life. They visited the neighboring villages and investigated outbreaks of the fever in men and cattle. They received and entertained many visitors who were interested in the experiment. They turned indoors before six o'clock and then stood at the windows and timed the first appearance of *Anopheles*, which would come at a certain hour each evening and try to enter the screened windows and doors. As Dr. Rees expressed it, 'It must have been very tantalizing for them to be unable to get at us.' When the rains set in, every one said that that was the critical time of the experiment. The people in the surrounding country generally became feverish and ill, which meant simply that they were all full of malaria, and the chilling caused by the rain brought about an explosion of the fever. The experimenters, however, went out into the rain and got soaked to the skin, but their health remained perfect. Not the slightest trace of malaria developed in either of them; as above stated, the spot where the house was built was probably the most malarious one in the whole Campagna, and it was situated on the banks of one of the canals, which was literally swarming with *Anopheles* larvæ. The prevalent idea that the night air of the Campagna is in itself so dangerous was included in the experiments, and the windows were always left open at night, so that if the marsh air had anything to do with malaria, they would have contracted it."

"A check experiment was carried on at the same time. *Anopheles* mosquitoes which had been fed on the blood of a sufferer from malaria



in Rome, under the direction of the Italian authority Bastianelli, were sent to London early in July. A son of Dr. Patrick Manson, the famous investigator who first proved the transfer of malaria by mosquitoes, offered himself as a subject for experiment and allowed himself to be bitten by the mosquitoes. He had never been in a malarious country since he was a child, but in due time was taken with a well-marked malarial infection of the tertian type, and microscopical examination showed the presence of numerous parasites in his blood." \*

It has been shown theoretically by King in the earlier part of this paper that malaria was transmitted by mosquitoes; it was demonstrated by means of experiments on human beings that the mosquito was the cause of the disease; it has been demonstrated by the microscope that the protozoön of malaria is found in the stomach of the *Anopheles*;—therefore the proof seems conclusive that the mosquito is the cause of the disease called malarial fever, but which should be named gnat fever.

A second disease much more fatal than gnat fever, a disease which is known under the names of yellow-fever, bronze John, yellow Jack, vomito prieto, and which prevails most extensively in warm climates and is frequently epidemic there, has also been demonstrated, both theoretically and experimentally, to be due to the bite of the infected mosquito. In 1886 Dr. Charles Finlay, of Havana, Cuba, advanced the theory that mosquitoes could convey the contagium of yellow-fever, and to him must be given the credit of inducing the subsequent investigations.

The following account of an outbreak of yellow-fever in St. Nazaire, France, which could be traced directly to Havana is extremely interesting and forms the basis of Dr. Finlay's mosquito theory. This is so interesting and so conclusive that a portion of Dr. Finlay's paper is quoted verbatim. He says as follows:

"The Anne-Marie, a wooden vessel with a crew of sixteen men, sailed from Nantes (France) for Havana, where it arrived May 12, 1861. During the thirty days that the vessel remained in Havana none of the men experienced any illness beyond 'malaise,' fatigue, loss of appetite, or inclination to vomit. She left Havana for Saint Nazaire (France) on June 13 with the same crew. At the start she remained twelve days becalmed in the Florida canal, with suffocating heat, frequent squalls, and heavy rains. On July 1 two fatal cases of yellow-fever and another (not fatal) the next day declared themselves on

\* "Mosquitoes: How they Live; How they Carry Disease; How they are Classified; How they may be Destroyed," by L. O. Howard, Ph.D., Department of Agriculture, Washington.



board. Two days passed without any new case, and then followed a series of six new invasions between July 4 and 8, none of them fatal, the last being the captain, whose attack was less severe, but was attended with a long and tedious convalescence. One, at least, of the other men, the mate, was certainly susceptible to the disease, and yet no other case occurred during the voyage. The vessel reached Saint Nazaire on the 25th of July and was brought to the wharf, where she lay alongside of the Arequipa, another vessel then ready to sail for Cayenne (French Guiana). The captain of the Anne-Marie had left the ship to attend to his health, and the mate remained in charge of the vessel, while the rest of the crew got their discharge on reaching Saint Nazaire, none of the men having taken the infection, as far as could be afterwards ascertained. The unloading of the cargo was, therefore, accomplished exclusively by new men under the mate's supervision. The hold was opened on July 27, and the unloading ended on August 3. The vessel, having been declared infected, was removed to the centre of the dock on the 5th and towed out into the open bay on the 7th, to be thoroughly disinfected. From the moment when the hold was thrown open all the susceptible persons who entered it became infected with fatal yellow-fever. On the 27th and 28th the cooper, who went down to inspect and repair damaged sugar-boxes, the mate, and also five sailors belonging to another vessel who had gone into the hold from curiosity and picked out some sugar-cane which was stowed between the boxes, all were attacked with yellow-fever and a few days later died. Altogether, between July 27 and August 5 nineteen persons who visited the hold or the deck of the Anne-Marie became infected with yellow-fever. Five other persons appear to have caught the infection from the wharf or on the deck of other vessels in close proximity to the infected ship. Two persons in the town received their infection, apparently, through bundles that were taken to them directly from the Anne-Marie. A remarkable case was that of Dr. Chaillon, who never came to Saint Nazaire at all, but on August 5, 6, 7, 10, and 11 had visited at their homes, in villages two or three miles distant from the port, four of the workmen who had been employed in the unloading of the Anne-Marie. He was taken sick with yellow-fever on the 13th and died on the 17th. This was the only second-hand infection that occurred during that epidemic on shore. More remarkable still was the case of Bruban, a stone-cutter, who never came to the side of the dock where the infected vessel was lying, nor had any communication (directly or indirectly) with it. He happened to be employed in repairs near the dock-gates while the Anne-Marie was being unloaded at a spot distant two hundred and twenty-five metres from that ship. He was taken sick on August 4 and died



of yellow-fever on the 10th. Finally, the Arequipa, which had been lying alongside of the Anne-Marie since July 26, sailed on August 1 for Cayenne (French Guiana). Her mate, having apparently caught the infection from the Anne-Marie, was taken sick at sea on the 5th and died on the 12th. A new focus of infection seems then to have developed on board the Arequipa, for a series of invasions occurred on August 22 and 26, and September 9, 19, and 20, on her way to Cayenne, where the vessel arrived on October 8.

"The explanation of the above occurrences, according to my mosquito theory, would be as follows:

"The Anne-Marie, when she left Havana on June 13, must have had three of her crew recently infected with the disease, the same who were taken sick on July 1 and 2. During the operations of taking in cargo, provisions, and especially drinking-water, it is next to impossible that at that season of the year a considerable number of mosquito eggs and larvæ should not have been introduced on board. With the calms, hot weather, and rains that followed a whole brood of new mosquitoes must have been produced on board of the Anne-Marie by the time when the first cases of yellow-fever declared themselves; the young insects by stinging those patients became contaminated, and some of them must have transmitted the disease to the next six men who were attacked, with a milder form, between July 4 and 8. At the time when these six men took their infection the calms had ceased and the vessel was moving more rapidly and had reached cooler latitudes, which circumstances (beside the attraction of the sugar) must have induced the mosquitoes to seek refuge in the hold, entering it through chinks which were afterwards found to exist between the hold and the quarters which the sick men had occupied. During the rest of the voyage the contaminated mosquitoes would be feeding on the sugar and sugar-cane, while the yellow-fever germs were multiplying upon their stings (?) and attaining their highest degree of virulence until the hold was opened on July 27. The contaminated insects then commenced their yellow-fever inoculations upon all the non-immunes who came within their reach by entering the infected hold. The temperature at Saint Nazaire from July 26 to August 4 gave daily maxima between 69° and 77° F. (the latter only on August 1) and minima between 53° and 63° F., from which it must be inferred that the mosquito would leave the hold or fly out on deck or in the immediate vicinity of the Anne-Marie only during the hotter hours of the day; at other hours they would be benumbed in the open air, and might easily be conveyed in bundles or packages carried from the ship to their homes by the workmen employed in the hold. At the same time the range of temperatures was such that



the reproduction of new generations of '*Culex* mosquitoes' could not take place, so that all the yellow-fever inoculations at Saint Nazaire must be attributed to mosquitoes which had become contaminated on board of the *Anne-Marie* on July 1 or 2 (at any rate, within the first week of that month). The extreme term of existence for that species of mosquito being reckoned at from thirty-five to forty days, the youngest contaminated mosquitoes imported by the *Anne-Marie* should have died within the second week of August; in point of fact, no instance of infection occurred at Saint Nazaire that could be attributed to a later date. Dr. Chillon's case may be explained on the supposition that some contaminated mosquitoes, accidentally conveyed by the workmen returning to their homes, had stung the unfortunate doctor; those insects, however, having reached the natural term of their existence, would have been unable to continue the propagation of the infection. The case of the stone-cutter may be accounted for by admitting that at the mid-day hours some of the contaminated insects while flying over the deck may have been blown away by some gust of wind towards the water of the dock; in order to save themselves from drowning, they would have alighted upon any object floating on the water, which, drifting with the outflowing current, must have landed them close to the gate where the stone-cutter was working. The case of the *Arequipa* is instructive as showing how the climatic conditions on that vessel, arising from the fact that it happened to be travelling towards the tropical regions, must have enabled new broods of the *Culex* mosquito to develop so that a secondary focus of infection was originated, whereas at Saint Nazaire the prevailing temperatures prevented the occurrence of this event. According to my theory, some of the mosquitoes, free from contamination, must have passed from the *Anne-Marie* to the *Arequipa* before the latter moved away from the side of the infected ship; they probably laid their eggs in some water-tank, and communicated the disease from the mate to the next patient who followed (and died); a new brood of *Culex* mosquitoes must have developed during the voyage, and some of them, having found their way to the patients, occasioned the subsequent invasions of that vessel." \*

So much for the theoretical side of the question. The results of the experiments in Havana with mosquitoes infected with yellow-fever are as conclusive as with those with malarial fever, with the exception that as the organism causing yellow-fever has not been discovered, it was impossible to find it in the stomach of the mosquitoes. Howard in his work on mosquitoes gives the following account:

\* "The Mosquito Theory of the Transmission of Yellow-Fever, with its New Developments," by Charles Finlay, M.D., Havana, Cuba, *Medical Record*, January 19, 1901, vol. 59, No. 3.



"An experimental sanitary station was established in an open, uncultivated field about one mile from the town of Quemados, Cuba, under the complete control of Major Reed. The station was named Camp Lazear, in honor of the brave physician who went to his death in the early summer of 1900. A most careful series of experiments was carried on to see whether yellow-fever can be conveyed by fomites, that is, by personal contact with the clothes or belongings of yellow-fever patients. As is well-known, the consensus of opinion, both of the medical profession and of others, is in favor of the conveyance of yellow-fever in this way, and every effort is made to disinfect clothing and bedding shipped from ports where yellow-fever prevails. All articles of personal apparel are subjected to disinfection, and, as everyone knows, during a time when the fever is epidemic in any of our Southern States even the mails are disinfected before being allowed to go North. There was further erected at Camp Lazear a small frame house with a cubic capacity of twenty-eight hundred feet, tightly ceiled and battened, provided with small windows, so as to prevent a thorough circulation of air through the house, and with wooden shutters to prevent the disinfecting qualities of sunlight. The windows were closed by permanent wire screens with a five-millimetre mesh. The vestibule was protected by a solid door and a wire-screen door, and the inner entrance by a second wire-screen door. In this way the passage of mosquitoes into the room was effectually excluded. The average temperature was kept at 76.2° F. for a period of sixty-three days, and precaution was taken to maintain sufficient humidity of the atmosphere. On November 30 three large boxes filled with sheets, pillow-slips, blankets, and so on, contaminated by contact with cases of yellow-fever and their discharges, were received and placed in the room. Most of these articles had been taken from the beds of patients sick with yellow-fever in Havana. Many of them had been purposely soiled with the excretions of patients. These soiled sheets, pillow-cases, and blankets were used in preparing the beds in which the members of the Hospital Corps slept. During sixty-three days this building, thus furnished, was occupied by seven non-immune persons. Three of them occupied the room each night for twenty days. Later a fourth box of clothing and bedding was added, some of it purposely soiled with the bloody stools of a fatal case of yellow-fever. Two of them occupied beds from December 21 to January 10 every night, wearing the very garments worn by yellow-fever patients throughout their entire attacks, making use exclusively of their much-soiled pillow-slips, sheets, and blankets. At the end of twenty-one nights they went into quarantine (as had the former three) and were released five days later. Two other non-immunes occupied the same beds for twenty days



more. The attempt, therefore, which was made to infect this building and its seven non-immune occupants during a period of sixty-three days was an absolute failure; all seven were released from quarantine in excellent health.

“A precisely similar building was erected at Camp Lazear, which was known as the infected mosquito building. The door and windows were placed on opposite sides of the building so as to give a thorough ventilation. It was divided into two rooms by a wire-screen partition extending from floor to ceiling. All articles admitted to the building were carefully disinfected by steam before being placed therein. Into the large room of this building mosquitoes which had previously been contaminated by biting yellow-fever patients were admitted. Non-immunes were placed in both rooms. In the room in which mosquitoes were not admitted the experimentalists remained in perfect health. In the other room six out of seven persons bitten by infected mosquitoes came down with yellow-fever. In all, of persons bitten by infected mosquitoes that had been kept twelve days or more after biting yellow-fever patients before being allowed to bite them, eighty per cent. were taken with the disease.

“The conclusions reached after this careful experimentation have been summarized under eleven heads, as follows:

“1. The mosquito—*C. fasciatus*—serves as the intermediate host for the parasite of yellow-fever.

“2. Yellow-fever is transmitted to the non-immune individual by means of the bite of the mosquito that has previously fed on the blood of those sick with this disease.

“3. An interval of about twelve days or more after contamination appears to be necessary before the mosquito is capable of conveying the infection.

“4. The bite of the mosquito at an earlier period after contamination does not appear to confer any immunity against a subsequent attack.

“5. Yellow-fever can also be experimentally produced by the subcutaneous injection of blood taken from the general circulation during the first and second days of this disease.

“6. An attack of yellow-fever produced by the bite of the mosquito confers immunity against the subsequent injection of the blood of an individual suffering from the non-experimental form of this disease.

“7. The period of incubation in thirteen cases of experimental yellow-fever has varied from forty-one hours to five days and seventeen hours.

“8. Yellow-fever is not conveyed by fomites, and hence disinfec-



tion of articles of clothing, bedding, or merchandise supposedly contaminated by contact with those sick with this disease is unnecessary.

"9. A house may be said to be infected with yellow-fever only when there are present within its walls contaminated mosquitoes capable of conveying the parasite of this disease.

"10. The spread of yellow-fever can be most effectually controlled by measures directed to the destruction of mosquitoes and the protection of the sick against the bites of these insects.

"11. While the mode of propagation of yellow-fever has now been definitely determined, the specific cause of this disease remains to be discovered." \*

Flies, while they do not communicate yellow-fever or malarial fever, may communicate typhoid fever in the following way. Flies feeding on the intestinal discharges of typhoid-fever patients light upon articles of food, such as bread and fruits, and in that way may communicate the disease. While there are no direct experiments to prove this point, it is reasonable to suppose that many unexplained attacks of typhoid fever may be communicated in this way. It is therefore important to carefully disinfect all typhoid-fever stools.

The reclaiming of marsh lands should be done whenever possible. The immense areas of marsh lands near all seaboard cities is a matter of common knowledge. Professor Shaler estimates that between New York and Portland there are two hundred thousand acres of marsh lands which are the breeding-places of immense numbers of mosquitoes. Not only are these extensive marshes breeding-places of mosquitoes, but small pools, water-tanks, and gutters are also favorite places for depositing the eggs of the insect. It has been stated that mosquitoes do not breed in salt marshes. This is incorrect, for salt water or sea water, in the proportion of one part salt to two parts fresh, is a favorite place for the mosquito to deposit her eggs. The reclaiming of these extensive districts is too great an undertaking to be accomplished in a short time, but small areas of water and a limited extent of marshy land can be freed from mosquitoes by means of kerosene. The small pools of water about many houses, particularly in the country, can be rendered innocuous, so far as the mosquito is concerned, by a very limited outlay of time and money, with kerosene oil. Houses in which mosquitoes are abundant can be freed by wiping the walls with a small amount of kerosene, particularly the basements, where mosquitoes remain during the daytime and hibernate.

It is very important that all small pools of water should be treated

\* "Mosquitoes: How they Live; How they Carry Disease; How they are Classified; How they may be Destroyed," by L. O. Howard.



with kerosene, for these small collections of water seem to be the favorite breeding-places of this insect.

Chlorine gas can also be used to kill mosquitoes in houses. Fermi and Lumbao, according to Howard, recommend the following procedure: four or five spoonfuls of chloride of lime are put into a common dinner-plate and five to ten cubic centimetres of crude sulphuric acid poured over it. This liberates chlorine gas, which kills the mosquitoes. Cones made of pyrethrum powder burned in a room where there are mosquitoes will cause their death. Howard advises the use of tin-cups or inverted can-covers as follows:

“The use of tin-cups or inverted can-covers, the shallower the better, nailed to the end of a stick and containing a very small quantity of kerosene, is very prevalent in some parts of the country for catching mosquitoes resting on the ceiling. Where the ceiling is white, the mosquitoes can readily be observed and the tin-cup is pushed up under them. When they attempt to fly they are caught by the kerosene and killed. I have seen dozens of them caught in this way of an evening in a mosquito-infested house.”

In fact, any of the essential oils, more particularly the oil of citronella, will keep away mosquitoes for a limited time. The only effectual method, however, of keeping mosquitoes out of a house is by the use of screens in the windows and doors. While in the Northern States there may be very little chance of contracting gnat fever and yellow-fever, the annoyance to patients from mosquitoes and flies is very great, and therefore every hospital and every room in which there are patients ill with acute diseases should be carefully screened. While the nurse may for the time being diminish the number of these pests by the measures advised, yet she cannot accomplish as much as can be done by screens. If it is impossible to screen the windows and doors, a canopy can be placed over the bed, but this is frequently a source of annoyance to the patient.

While there is no positive proof that scarlet-fever, measles, and small-pox may be communicated by insects, yet it is the part of caution to protect patients ill with these diseases from these pests.

As it is the duty of the nurse, in addition to the carrying out of the directions of the physicians, to render her patients as comfortable as possible, she must be considered as failing in the performance of her duties if she allows mosquitoes and flies in the sick-room. I know perfectly well that the exclusion of insects from the sick-room is a very difficult thing, but by patience and perseverance this can be accomplished, and the nurse who does accomplish it is a better nurse than the one who fails to accomplish it.



## WHAT TO DO IN CASE OF FIRE \*

BY CHARLES O. BOSWELL, M.D.

Physician to the Out-Patient Department, Rochester City Hospital

OF all the various emergencies which may arise in the course of hospital life, none are attended with more dread, and at times with greater disorganization, than fire.

The value of discipline is measured by the results it enables us to obtain in unlooked-for and trying circumstances. When a fire breaks out we have in evidence to the most marked degree what systematic and well-conducted effort may do.

Every institution where there are sheltered helpless persons should have its staff of employes drilled in rescuing and protecting their charges if this danger arises.

Much could be accomplished in this line by means of frequent and unexpected drills, or some form of fire exercises after a schedule drawn up, and when once found satisfactory rigidly adhered to. In every drill of this kind each and every employe of the institution should have his or her place and duty assigned, and be expected to be found there when needed.

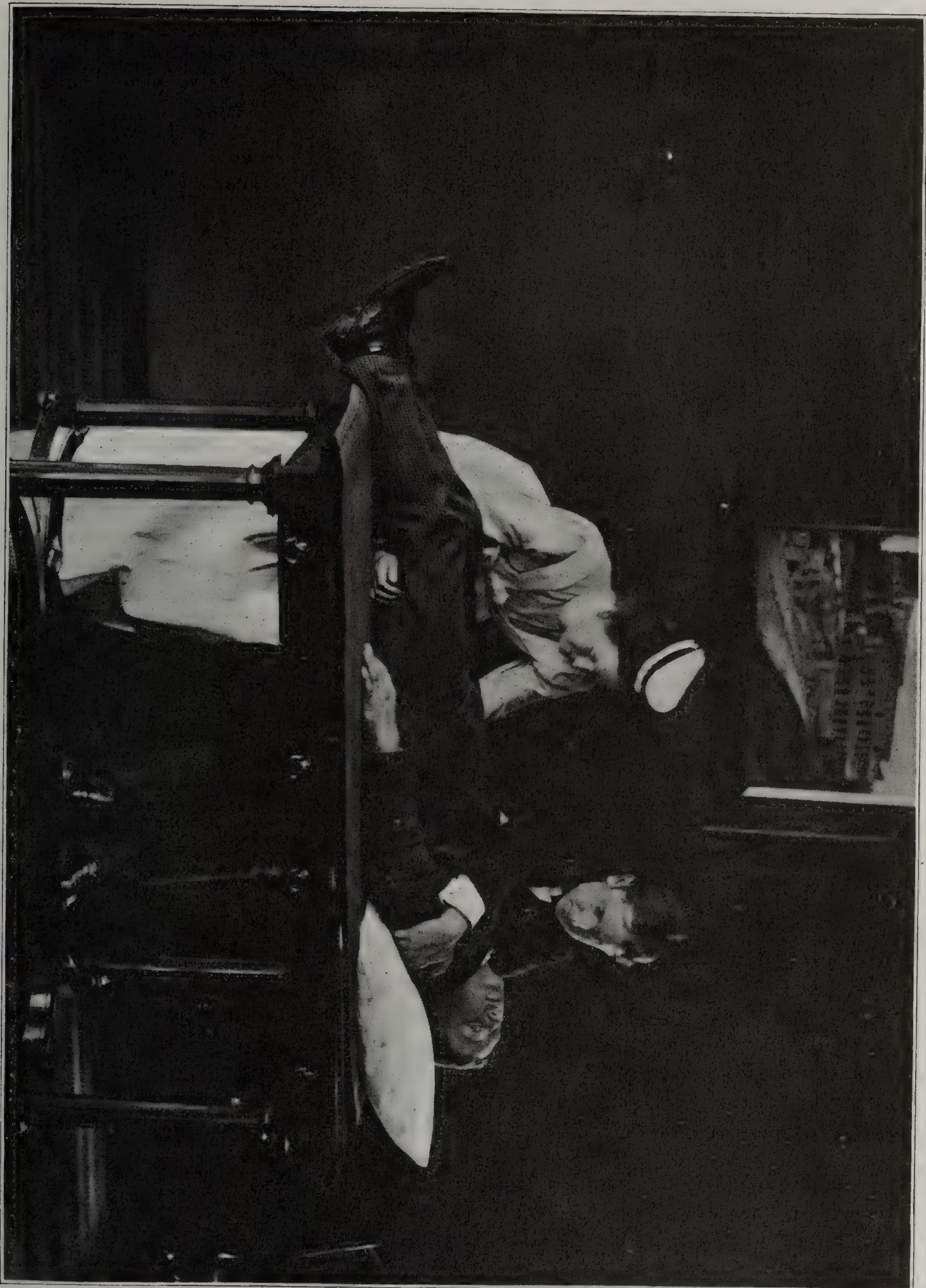
It is, of course, impracticable to draw up any set of rules which would apply to every hospital, but each institution can adopt such rules as best fit its own case, only when once adopted they should be permanent.

For example, one person whom we will call number one could be assigned to notify the fire head-quarters. Another, called number two, to inform the employes that a fire must be fought, and of the place where it started. Most hospitals situated in cities have private systems for sending in to the fire-engine houses an alarm of fire, and many hospitals have in addition at different points around the building small press-buttons or other means of turning in an alarm without wasting time in going to the office or some other central point. Every second at the beginning of a fire is worth several minutes later on, and it is for this reason that these auxiliary alarms are installed, and the firemen wish them to be used promptly if the occasion arises.

If the building is equipped with fire-hose, one of the male employes must be detailed to turn the water on the flames. As it may take some time for him to reach the fire, the nearest employe, unless otherwise assigned, should lose no time, but break one of the small glass hand-

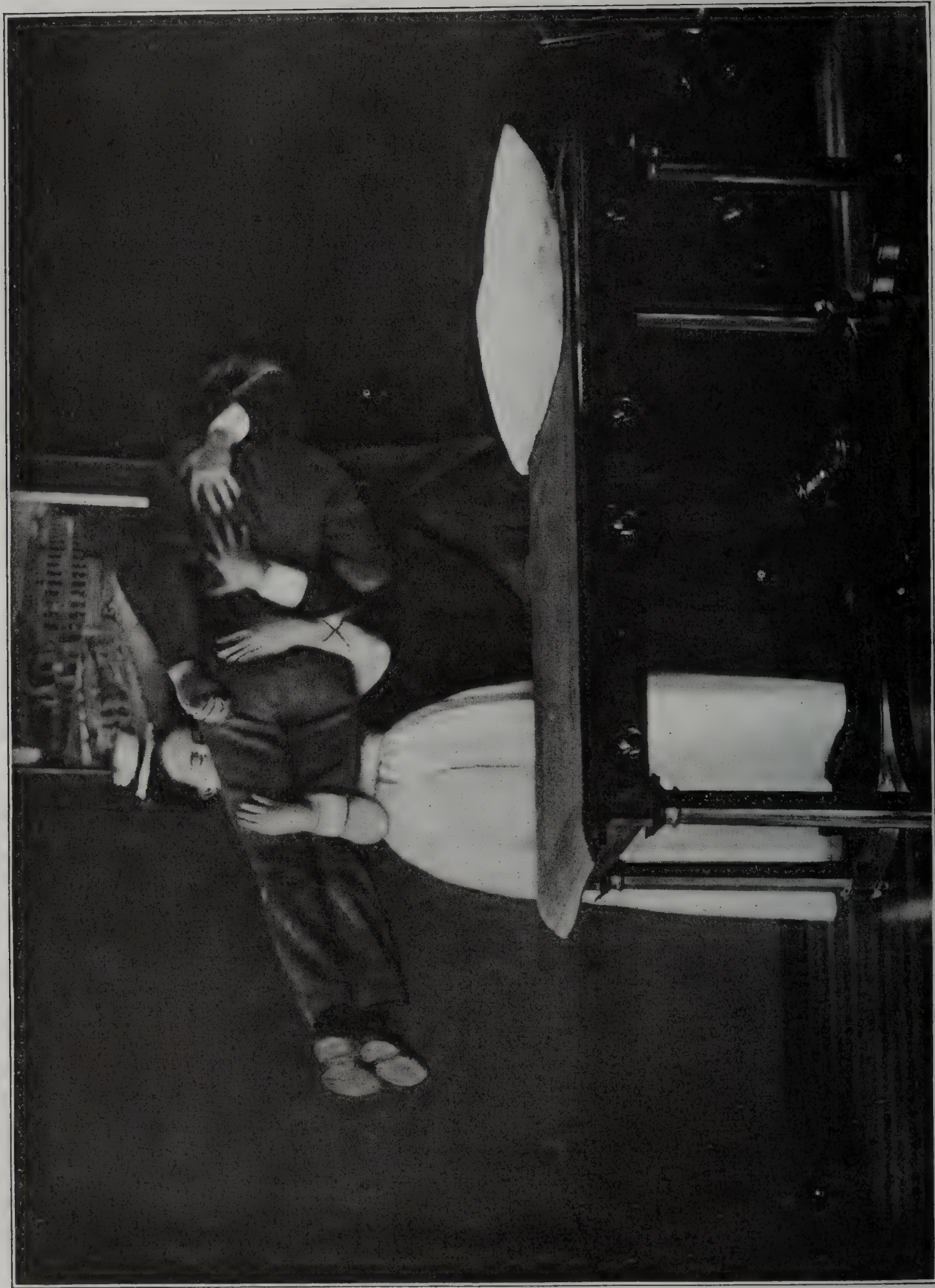
\* Demonstration given before the nurses of the Training-School of the Rochester City Hospital, New York.





A HELPLESS PATIENT, FIRST POSITION





A HELPLESS PATIENT, SECOND POSITION



grenades that are so generally seen and throw its contents into the flames. If the hospital is equipped with the small hand-extinguishers, one of these can be easily carried to the fire. These extinguishers are made to work by turning them upside down, when a small bottle of sulphuric acid or other mineral acid is emptied into a watery solution of soda and the resulting carbonic gas is ejected with considerable force on the flames and smothers them. A small nozzle allows the stream to be directed with accuracy.

Immediately upon the giving of such an alarm, which is best done by means of a gong loud enough to be heard all over the place, or better still, if available, by a steam whistle, every person connected with the hospital should take his proper place. The nurses are to report to the ward where they were last on duty, or if on detached duty remain with their patient. Each ward or floor should be in charge of one of the resident staff, who is held responsible that everything possible is done for those under his care, and his orders must be obeyed implicitly.

If there is an engineer or a fireman employed, one of them must be ready to draw the fires from the steam-boilers if the latter are in danger of being reached by the fire. In this way the further horrors of an explosion are avoided.

Ambulances should be kept ready to convey the sick to other institutions. Everyone must obey promptly all commands of the head of the institution.

Now, having seen that each one is in his or her proper place, how can we easiest remove the patients beyond the reach of the smoke and flames? Usually it is the smoke and not the flames that kills.

In illustration of this point let me refer to the fire which destroyed about thirty children at the orphan asylum in the city of Rochester about a year ago.

The fire started during the night, presumably in the basement. The smoke passed up the stairways and through the corridors into the dormitories. The fire department responded promptly and the fire was quickly extinguished, but when men were sent up the ladders into the dormitories they found that the children had been suffocated while they slept, but none of them had been burnt.

One is often surprised at the promptness with which certain formerly very helpless patients hurry to regions of safety. On the other hand, many patients must be helped or even carried, so it is very essential that this be done with as little expenditure of strength as is possible.

Where two bearers are available it is evidently a much easier task than for one person only. If the patient is able to help himself at all, the bearers may, by crossing hands and firmly grasping the wrists, make



what is called by children an "arm-chair." By this means the patient, especially if he is able to balance himself by putting his arms around the bearers' necks, can be carried some distance with a good deal of ease. Further, if the patient can stand, he need only be supported by his attendants. If, however, the patient is helpless, two bearers may pick him up in their arms without a great deal of labor, provided they go about it in the right way.

Let both bearers stand on the same side of the patient, one at his shoulders and the other at his hips. The bearer at the shoulders passes one arm under the patient's neck and downward along his spine, the other arm is passed directly across the body just under the shoulders. The bearer at the hips passes one arm under the small of the back and downward over the buttocks; the other arm, passed beneath the upper part of the thighs, draws the patient as close to the body of the bearer as is possible. Both bearers now lift together. Be sure that the burden is turned as far over on to the chest as is possible, for it is upon this fact that the trick of carrying a person with the least exertion depends. It is evident on a little thought that if so great a weight comes on the arm at any distance from the body the leverage afforded produces a strain that few can overcome. If, on the other hand, we turn the patient well over on to the chest, the weight is taken off the arms and transferred to the spinal column, which is far better adapted to the carrying of weights. A nurse who is practised in this method of carrying her patients will be surprised at the ease with which she can move her charges.

If but one bearer is available, the task is evidently much more severe; still, by turning the weight well over on to the chest, the task is greatly lessened. In this case one arm passes under the shoulders and down the back, as has been described, the other up under the hips towards the small of the back.

Another way, in case the patient can stand, is to kneel on one knee or to stoop in front of the patient, place one shoulder against the front of his thighs, grasp him with one arm directly above the knees, and draw one of his arms down over your shoulder. On rising you will have the patient well on your shoulders, and by means of one arm you are able to balance his weight. Of course, this way is applicable to fewer cases than the previous method.

A patient lying on the floor may be raised to his feet in this way: Stand at his head; see that he is face downward; place your hands under his armpits and raise him as far as you are able into an erect position; now place your shoulder against his body as just described, and then assume the last position.





A HELPLESS PATIENT CARRIED BY ONE PERSON





A PARTIALLY HELPLESS PATIENT



Of course, the easiest way to move a patient, but, unfortunately, one that is not always at our disposal, is on a mattress or on stretchers. However, we can improvise stretchers from many articles, as leaves of tables, window-blinds torn off, or pieces of plank. If mattresses are used, it usually takes four persons to carry one, a bearer at each corner.

The exhibit of the army medical corps at the Pan-American Exposition of the ways of conveying helpless patients was extremely interesting, as illustrating the various ways in which patients can be moved in the absence of stretchers. These methods are illustrated and described in the "Drill Regulations" of the Hospital Corps. This little book can be obtained from the War Department, and would be a good investment for any training-school desiring to teach such methods.

Besides the difficulties of carrying the patients, there is the ever-present danger of a jam about a place of exit. Good discipline and coolness would, of course, do much towards preventing this, but should a nurse trip or fall a crush of those behind would almost surely follow. The terrible loss of life at the Charity Bazaar in Paris is said to have been caused by such an accident. An elderly lady tripped in her skirt. Deductions are obvious. Women should lift their skirts or fasten them high enough to be no longer a source of danger not only at a time of fire, but in any emergency when they are in danger of falling.

We spoke earlier of the danger to the patient from the smoke that at once fills the air-passages, so preventing air from reaching the lungs, and, besides, by irritating these same air-passages produces severe inflammation and œdema of the lungs, which may be rapidly fatal. This danger must be guarded against by the nurse, not only for her own sake, but also for her patients'. This can be done by tying a wet handkerchief or compress over the face. The firemen are equipped with a more elaborate contrivance holding a wet sponge over the face, so that they can enter where the smoke is thick.

The places to which the patients are to be carried must be determined by circumstances. If the fire is slight, it might be sufficient to bring them simply into the next ward or out into a passage-way. Here is a good place to speak of the necessity of not leaving a door or window open so as to fan the draft, if it is possible to avoid so doing. Very often a fire that might have at first been confined to the room where it started, and so have been easily handled, has, through a door or window being left carelessly open, gotten such a start that it has done thousands of dollars' worth of damage. A former chief of the New York Fire Department once gave this advice to be followed when a fire broke out: "Avoid drafts. Keep doors and windows shut tight."

It is scarcely within the province of a nurse that she should per-



form any such feats of strength as to try to take a patient down a ladder or across to some near roof, but she should make every effort to place her charges away from immediate danger and where help from the firemen can reach them. This may be done by bringing the patients to the doors or the windows or to the end of the building or hall the farthest removed from the flames.

Perhaps by this time the smoke has so filled the wards or the halls that it is impossible to remain in them without endangering one's life. Where is the safest place in which to try to get away from the smoke and flame? It is on the floor. The hot air rises and carries with it the smoke and flame. When firemen are caught in this manner they keep as close as possible to the floor and creep or crawl to a window or door. To be sure, they often have a line of hose along which they may feel their way to the outside.

The hospital attendant unfortunate enough to be caught in such a scrape should try to determine her place in a ward or hall by feeling some familiar piece of furniture or along a wall towards the way out, and keep close to the floor and creep towards the door or window.

When one has reached a window in such a case the lower sash might be raised, and air passing in will carry up the smoke and likewise furnish sufficient oxygen to prevent suffocation.

If the window-sill is broad enough or strong enough to stand on, especially if there are any projections which one may cling to, this furnishes a place of refuge unless smoke or flames directly envelop one. Of course, if possible, the window behind one should be closed to prevent the outrushing draft from bringing the smoke or flame with it. One advantage of such a place is that it is pretty certain to attract attention and aid.

Should dizziness overcome you, try to grasp the window-frame or blind, and either close the eyes or look upward, so as not to be conscious of your height from the ground.

Another word of warning to those exposed in a burning building is not to jump until told to do so by some person on the ground. A ladder can usually be raised in time to reach you unless the flames break out directly about you.

How many lives are lost at fires by persons jumping too soon! If help reaches you, do exactly as you are told. The man who risks his life to save yours has generally some good plan of his own, and if you do not follow his directions it is probable that two lives may be needlessly lost.

Among the after-effects of a fire are burns of various degree, which are to be treated on the general rules laid down for such injuries. At





WHERE PATIENT CAN HOLD ON, LEAVING ONE HAND OF ATTENDANT FREE







the time it may be necessary to take some steps to relieve the patient's immediate suffering. His clothes should be gently cut off to avoid any possible tearing of blistered surfaces. All blisters are to be opened in as antiseptic a manner as is possible at the time, and the raw surfaces covered with some substance to exclude the air. A solution of soda bicarbonate (baking soda) of about the consistence of cream is a very good first-aid dressing and has the great advantage of being easily obtained and clean. The peculiar tendency of all burns to produce shock is to be kept in mind. To prevent this the patient may be given stimulants and opiates to relieve the pain.

Another accident at these times is the inhalation of smoke or of heated air, producing in the one case suffocation, in the other œdema and congestion of the lungs.

The treatment for suffocation is very similar to that for drowning, which it resembles in effect. In mild cases all that may be needed is to remove the patient to fresh air. On the other hand, the case may be so serious that only the most vigorous methods will suffice to maintain life.

We will now assume that we have one of these last types to deal with. First wipe the patient's mouth, throat, and nose free from all mucus, soot, and any other foreign matter that might interfere with the free passage of air to the lungs; now turn him face downward, and, grasping him by the hips, raise him so that if there is any obstructing body in the throat it will tend to be dislodged. Next lay him on his back with a small pillow or a folded coat under his shoulders. Draw the tongue forward and secure it so that it cannot fall back and obstruct the throat, thus preventing the passage of air to the lungs. Now, kneeling at the patient's head, unless he happen to be on a bed or table, grasp his wrists and draw his arms firmly and slowly upward and backward until we can make the backs of his hands touch above the head. Hold the arms in this position for a couple of seconds. This manœuvre, by drawing the ribs upward and outward, expands the chest cavity and allows the air to enter the lungs,—in other words, it imitates natural inspiration. Next seize the elbows and bring them firmly but gently against the lower ribs and pass them strongly against the body for three or four seconds. This forces the air in the lungs out and imitates the natural expiration. The entire series of movements known as artificial respiration should be repeated about sixteen times a minute, the normal rate of respiration. While one is doing this it may be necessary that a second person sees that the patient is kept warm or is further stimulated, as necessary. Oxygen gas is of great value if it can be had. Do not despair even if your efforts seem hopeless. Lives have been saved by keeping up the artificial respiration for hours.



Edema and congestion of the lungs is a very serious complication, and requires rest, wet cups to the chest, opiates to relieve the pain, and hot mustard foot-baths to draw as much blood as is possible from the engorged lungs. The possibility of sudden death in this condition must be kept in mind.

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## THE COUNTING OF SPONGES IN ABDOMINAL SURGERY

BY MARY E. SMITH

Nurse in charge of Operating-Rooms at Harper Hospital, Detroit, Mich.

AMONG the many essential things for an abdominal operation is an absolutely correct sponge-count. While the surgeon is directly responsible to patient and friends for the successful carrying out of the work he has undertaken, it is nevertheless true that many of the details are performed by trained assistants, either doctors or nurses, and by common consent the sponge-count has become a part of the nurse's duties in the operating-room.

It is a matter for regret that we have to acknowledge that mistakes have been made resulting in the loss of life, but it is true, and so long as "to err is human" the possibility of such mistakes will exist. To guard against them, some surgeons suggest having specially trained surgical nurses; others have devised wire racks and different mechanical devices for putting the soiled sponges on for accurate counting during the operation; while still other methods are practised in different hospitals. But care during the operation (no matter how great) is not sufficient. It must be exercised *from the very beginning of the sponge-making* and kept up systematically to the end, so that if what seemed impossible would happen and a mistake occur, it would be detected at once and the responsibility fixed upon the person who made it.

The system in use at Harper Hospital, Detroit, Mich., probably has some features peculiar to itself, and, as it has been tried and proved correct for several years, it may not be amiss to mention the principles that underlie it, as well as its mechanical details.

When the nurse enters the operating-room for the training there she is, from the day she enters until she leaves, constantly impressed not only with the importance of all the work peculiar to that department, but especially with the following points:

1. That a mistake in the sponge-count is just as serious as would be the administering of a wrong dose of the most deadly drug.



2. That she is given a system so accurate, that if followed no mistake is possible.

3. That every bit of sponge-work she does she will be held personally responsible for.

4. That any error made by her will most certainly be traced back to her, and that she will be held accountable to the surgeon for it, *no matter where she may be at the time.*

This system has commended itself to both surgeons and nurses, as much for its simplicity as for its accuracy. It is elastic enough to satisfy the most extravagant surgeon; it is so simple that "a wayfaring man, though a fool, need not err therein." The nurse undertakes it without fear, and the surgeon knows that his needs will be satisfied, while if he is a particularly nervous man, he can verify the count at any moment, with almost no loss of time.

The following points have been observed in the selection of this system:

1. The number selected for use was the square of five—namely, "25,"—and no other number is allowed to be made up for any purpose whatever.

2. The sponge is *always* made with *one* selvedge and half the width of the gauze, and thus it is distinguished from any other piece of gauze used in the operating-room.

3. Each twenty-five sponges is done up in a separate package labelled "25 sterilized sponges," signed by the name in full of the nurse who made them, dated, and immediately placed in the sterilizing-bag and left there until after the third consecutive sterilization, when it is removed to the supply-room, ready for the final sterilization just before the operation. The label is written in ink and securely fastened on each package.

4. The sponges are uniform in size, a measure being used to cut them by, size seven and one-half by eighteen inches. To make them the gauze is folded with the selvedge together, then folded again, and once again. It is then laid flat on the table and *never moved* until five sponge-lengths have been cut off. This is the *first* count. As these five lengths are picked up and laid one on top of the other, they are again counted, making the *second* count. Again the gauze is folded, the same as before, and *five* more cut and *counted the same as the first group*. The second group is laid *across* (thus  $\begin{array}{c} \text{second group} \\ + \\ \text{first group} \end{array}$ ) the first one, not straight on top of it. Treat each succeeding group this way until you have *five* groups, each containing five sponge-lengths, and each group lying *across* the preceding one. Next count these groups as they stand in the pile, making the *third* count.



Place a towel to the right and another to the left on the table, and draw the pile towards you without disturbing the groups. Open each piece and cut in *two*, placing one to the right and one to the left, repeating until all have been cut. Roll up the one towel carefully until the sponges in the other have been made. As each sponge is made, lay it on the towel, one against the other, until there are *five* in a row, then begin the next row, treating in the same manner as the first, and repeat until you have *five* rows, each containing five sponges, making the square "25." This completes the *fourth* and *fifth* counts. Then before doing up the sponges in the pocket-form package they are again counted *individually* one way of the square, and in groups of  $\frac{3}{2}$  the other, making the *sixth* and *seventh* counts.

When the operator is ready to begin, the sponge-slate is marked plainly with chalk, "25," and the nurse who holds the sponge-tray is given a package, with the label *securely pinned on*, though it is open (a precaution taken so as to be able to identify the responsible person should a mistake be discovered). The sponges are drawn forward in *groups of five* with sterile forceps. The sterile sponges are handled only by the surgeon and his first assistant. The soiled ones are received in a small tray and transferred immediately to a large one, where they are placed in rows, *each containing five*, until there are *five* such rows. They are then counted both ways of the square and removed. In the mean time, another package has been given to the nurse and "25" recorded on the slate for it when it is given, but the *first "25" is not checked off until the actual twenty-five soiled sponges have been counted twice* and thus are ready to be removed. Each succeeding package is handled in the same way, the record being made when the sponges are handed to the nurse, the previous record being checked off only when the twenty-five soiled sponges are in the possession of the assistant nurse. The slate is in plain sight, likewise the tray of soiled sponges, so that at a glance the surgeon can verify the nurses' counts if he wishes so to do.

Several practical points are claimed for this system: (1) It is simple; (2) it is accurate; (3) it fits every nurse to take charge of a sponge-count—not a few specially trained ones; (4) it is as practical in private houses as in hospitals; (5) it is always ready; (6) it has stood the test of years of use, inspiring both surgeons and nurses with confidence in its efficiency; (7) the many counts are performed while the actual work is going on, so that there is no time lost even in so important a detail.





## UNPROFESSIONAL DISPLAY OF UNIFORM

BY CLARA SANFORD LOCKWOOD

Pasadena, Cal.

ONE of the distinguishing marks of true worth is modesty and humility. This statement applies no less to the nurse than to the physician, the lawyer, the scholar, or any other person.

It is characteristic of the shallow and vain to seek display and publicity, and in this connection I wish to speak of nurses who appear on public streets in full uniform.

Nurses, of all others, should command respect and confidence, and they can only do this by appearing at all times modest and dignified. The nursing profession is of such a nature that to command respect it must maintain the highest standards of character and refinement. The public overlooks in others what it condemns in a nurse, and for this reason the nurse must jealously guard her conduct, her dress, and her speech.

The uniform of a nurse is an honorable distinction when worn with dignity and at suitable times,—how refreshing are the simple cap and gown in the sick-room!—but when used for display and to attract attention on public streets it loses its high significance and becomes the target for disrespectful remarks.

My attention has frequently been called to the number of nurses who appear on the principal business streets of one of our large Western cities in full uniform, or in combinations of uniform and opera clothes.

Imagine two nurses in full uniform (cap, apron, and gown), arms affectionately around each other, standing gazing into the shop windows of a crowded street! Or, again, a nurse with striped gingham gown and large black Gainsborough hat, elaborately trimmed with ostrich plumes, riding in one of the down-town cars! And, once more, picture a uniformed nurse, cap and all, pushing her way across a busy street, dodging between men, bicycles, and street-cars! One cannot but think that nurses who appear thus have not a proper conception of their high calling.

To those of us from the larger training-schools and hospitals, who have been imbued with the idea of unpretentiousness and dignity, such display seems in extremely poor taste, to say the least, and we cannot help feeling that our profession is belittled thereby.

There are often times when a nurse cannot stop to change her whole uniform, and yet may appear with propriety on the streets and



in public conveyances; but is it ever necessary for nurses in full uniform to be seen wandering aimlessly along the public thoroughfare?

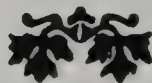
For the sake of the profession, and for the sake of true womanliness, let nurses everywhere refrain from aught that can subject them to just criticism on this score.

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“To BE glad in the gladness of others; to rejoice in ministering in every possible way to any need or want; to never fail to bring the largest sympathy to the smallest trouble; to live in that spirit of thoughtful and generous consideration that we may miss no least opportunity of service; to meet the need of the moment if we can, regardless of using the resources that prudence would lay up for the future—this is the spirit which creates the conditions of power and happiness.”—VAN DYKE.

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HEALTHFUL DIET.—A quart of milk, three-quarters of a pound of moderately fat beef, sirloin steak, for instance, and five ounces of wheat flour all contain about the same amount of nutritive material; but we pay different prices for them, and they have different values for nutriment. The milk comes nearest to being a perfect food. It contains all of the different kinds of nutritive materials that the body needs. Bread made from wheat flour will support life. It contains all of the necessary ingredients for nourishment, but not in the proportions best adapted for ordinary use. A man might live on beef alone, but it would be a very one-sided and imperfect diet. But meat and bread together make the essentials of a healthful diet. Such are the facts of experience. The advancing science of later years explains them. This explanation takes into account not simply quantities of meat and bread and milk and other materials which we eat, but also the nutritive ingredients or “nutrients” which they contain.—W. O. ATWATER.





## BOOK REVIEWS



FLOWERS AND FERNS IN THEIR HAUNTS. By Mabel Osgood Wright. The Macmillan Company, New York.

The nurse who is temporarily at sea, wondering what to read aloud to the patient who needs amusement of a tranquil nature, cannot do better, in nine cases out of ten, than to send for this charming book, divided into such topics as "The Coming of Spring," "Along the Waterways," "In Silent Woods," "The Drapery of Vines," "The Fantasies of Ferns," and other enticing considerations. The illustrations are of great beauty and variety.

Not only adults, but also children who are old enough to know and care for flowers, will be happily brought through an otherwise dull afternoon by judicious selections from these most attractive pages.

THE AMERICAN BUSINESS WOMAN. By John Howard Cromwell, Ph.B., LL.B. G. P. Putnam's Sons, New York and London.

Nothing impresses on one's mind more vividly the vast change which one century or, indeed, one-half of a century, has brought about in the position and circumstances of women than a perusal of this volume. To read over, for instance, Frederika Bremer's "The Four Sisters," a novel of family life in Sweden, with its picture of the complete and humiliating financial and economic dependence of women in the early part of this century, and then to turn to a study of this book of instruction to women upon the management of property, gives a sense of contrast so extreme as to be almost incredible. "The American Business Woman" is a volume of four hundred pages, most carefully and conservatively written by a lawyer whose character and attainments have evidently placed him in the position of adviser to many women, few of whom had had previous training in business-like methods.

The author says in his preface: ". . . No one fact has been more strongly impressed upon me than that the majority of American women are almost entirely ignorant of the ordinary rules and methods of business. . . . This lack of knowledge among women is not at all due to any natural deficiency (on the contrary, . . . women are quick to learn business methods when properly instructed), but it is rather the inevitable result of existing circumstances and conditions. We cannot reasonably look for a contrary state of affairs when we reflect that for ages women have been trained and educated in almost everything except the principles of business, and have been instructed, if not compelled, to leave all matters of business to their fathers, husbands, or brothers. . . . Many a woman who has been left in comfortable circumstances . . . has been reduced to poverty and want because, through lack of education in matters of business, she has been compelled to rely on the judgment of others, whose advice, though perhaps honestly given, has been the worst possible. . . . There is no proper reason why a woman who is possessed of property shall not thoroughly understand and practise the approved methods by which only it may be wisely invested and preserved. Such knowledge, modestly applied, comports



perfectly with the gentle and womanly qualities which the civilized world loves and venerates, . . . and the possible emergencies in which it will prove of almost vital importance are too manifest to require enumeration."

He then proceeds to explain in the most minute and careful manner every province of safe and legitimate investment which a woman may need to understand. He begins by explaining the values of money, rules of economy, and sound principles in regard to the proper ratio of income and expenditure; he teaches every detail relating to the management of check-books, bank-books, and account-books; gives instruction and fundamental principles to guide in the choice of banks and savings-banks, and discusses the pros and cons relating to trust companies, coöperative companies, etc. He then goes on to discuss the general principles of investments and securities: how to distinguish investments from speculation; points out the dangers of the latter, and expounds the whole subject of bonds and stocks; investment corporations and land companies; the selection and management of real estate; mortgages; insurance; the laws of the different States as affecting property; leases and rents; the descent and distribution of property; wills, guardians, executors, etc.; annuities; the property rights of married women, and concludes with a chapter of practical advice on a number of miscellaneous topics.

We know of no other book so much to be recommended to the woman who is endeavoring to amass or to care for the competence which she must look to for the safety of her old age.

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**DEFINITION OF FOOD AND FOOD ECONOMY.**—Food is that which, taken into the body, builds tissues or yields energy. The most healthful food is that which is best fitted to the wants of the user; the cheapest food is that which furnishes the largest amount of nutriment at the least cost; the best food is that which is both healthful and cheap.

. . . . .  
The nutritive value of foods depends mainly upon the amounts and proportions of actually nutritive materials which they contain. Of course, the digestibility and the ways in which they "agree and disagree" with different people are important factors of the nutritive value.

"We live not upon what we eat, but upon what we digest."—W. O. ATWATER.





# GLEANINGS FROM THE MEDICAL PRESS

IN CHARGE OF  
ELIZABETH ROBINSON SCOVIL



OTHER AGENCIES THAN MEDICINE IN THE TREATMENT OF DISEASE.—The *Journal of the American Medical Association* says: "The time is past when the treatment of disease is confined in the administration of drugs, and to-day more than ever it is recognized that other forces of nature may be so employed as to render valuable therapeutic aid. If evidence of this fact were wanting, it could be found in the circumstance that there are at present being published in English and German systems of therapeutics in which physical agents especially are discussed, such as heat, light, water, air, electricity, massage, rest, diet, etc. These are subjects, however, to which scant attention has been given in the past in the medical schools, and by reason of their great importance it would seem that the time is now ripe for their inclusion in the medical curriculum."

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MOSQUITOES AND YELLOW-FEVER.—At a meeting of the American Health Association, Dr. Walter Reed, of Washington, reported that under strict rules of isolation an attack of yellow-fever had been brought about in ten non-immune individuals out of thirteen by means of the bites of mosquitoes that had previously been fed with the blood of yellow-fever patients. At the same experimental station it had been demonstrated that yellow-fever cannot be communicated through contact with the clothing and bedding of yellow-fever patients, even though previously thoroughly soiled with the excreta of the patients. In regard to the transmission of the insect, he said the life of this mosquito was about five days if deprived of water, and if a voyage at sea lasted longer than that time the mosquitoes in the hold of the vessel would have died unless they had access to water or moisture. The danger of infection lay not in the cargo or personal baggage, but in the individual sick with the disease.

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HAY FEVER.—At a meeting of the Mississippi Valley Medical Association, Dr. A. D. Murphy, of Cincinnati, said three conditions were necessary to produce hay fever,—depleted nerve-centres abnormally sensitive to uric acid, abnormal conditions of the nasal cavities, and atmospheric or climatic conditions. To effect a cure it was necessary to eliminate the uric acid, restore the depleted nerve-cells to their normal condition, and relieve the effects. Hot baths and exercise and the careful selection of food were all of importance. For medication he relied principally upon a combination of arsenic and solution of gold, supplementing it with local applications of suprarenal extract or its active principle, adrenalin.

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HYSTERIA A MENTAL DISEASE.—At a meeting of the Medical Society of the State of Pennsylvania, reported in the *Journal of the American Medical Association*, Dr. Edward E. Mayer, of Pittsburg, emphasized the statement that



hysteria is always a psychic disease, and that the various symptoms are but the result of this primary mental condition. The treatment advised is a psychic one, mental or suggestive therapeutics being necessary. He described a number of cases.

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**CURABILITY OF TUBERCULOSIS.**—Dr. Frederick Montizambert, Director-General of Public Health of Canada, read a paper on the proceedings of the British Congress on Tuberculosis. He laid great stress on the curability of the disease when taken in time, and said all agreed in regarding human sputum as the chief medium of infection. The feature of the congress was Dr. Koch's paper denying the possibility of the transmission of tuberculosis from cattle to human beings. The feeling of the congress seemed to be that the statements of Professor Koch were made prematurely and on insufficient data.

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**TURPENTINE AS A DISINFECTANT IN ENURESIS.**—The Philadelphia *Medical Journal* says: "The odor which follows continual incontinence of urine can be neutralized by sprinkling a few drops of turpentine upon the sheets and about the bed. While this does not wholly remove the smell, it produces a marked improvement."

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**TREATMENT OF TYPHOID FEVER.**—B. M. Taylor contributes a paper to the *Medical Record* in which he says that in typhoid the digestion must be watched with special care, and if there is myasthenia (muscular debility) with fermentation, give a small amount of food easily digested and slow to ferment. The white of an egg given raw with pepsin and hydrochloric acid suits these patients. Do not give milk to patients with gastric catarrh or myasthenia. Milk given every three or four hours will kill more patients than the fever. Treat the stomach and feed it as if it were the only trouble the patient had. The motto is: to remember the stomach first, the colon next. He bathes the patient in tepid water for about twenty minutes, and emphasizes the necessity of avoiding disturbing the patient during sleep and the value of prolonged and absolute rest.

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**THE SANATORIUM TREATMENT OF TUBERCULOSIS.**—The Philadelphia *Medical Journal* prints a paper on this subject by Dr. Arthur J. Richer, of Montreal. He says the disease cannot be considered as cured until eight years of good health have followed its arrest, so it is important that the patient should know how to carry out the hygienic treatment at home. The principal points to be observed are *rest, out-door life, overfeeding, medical supervision*. By rest he means absolute rest in bed or a reclining-chair in the open air with heat at the feet in cold weather. Giving the wound in the lung rest by avoiding loud or excessive talking or laughing, forced breathing, or an attempt at chest expansion. All emotional reading, smoking, or any excitement to be avoided.

In summer not less than ten hours and in winter six to be spent in the open air. The bedroom windows to be wide open at night both winter and summer, a hot-water bag, or soapstone and plenty of bedclothes, being used when necessary. This method of living increases the power to assimilate food.

Food is given at frequent intervals. Before rising, fruit or light liquid food, as milk, gruel, coffee with cream, etc. For breakfast, a cereal, honey, hot rolls,



corn-cake, fish, lamb cutlet, steak, eggs in any form, bacon, toast, with coffee and milk are allowable.

Between breakfast and dinner tropon chocolate or tropon biscuits, cold milk with somatose, one or two raw eggs, broth, beef tea, and bread and butter offer a varied choice.

The mid-day dinner must begin with a rich consommé, to be followed by fish, or cold or a made dish, then roast meat—lamb, beef, or fowl—and vegetables, as cabbage, green peas, beans, potatoes, spinach, lettuce, or asparagus. Ice-cream, a milk pudding, light cake, and preserved or fresh fruit may finish the meal.

Between this and supper comes another lunch similar to the one in the morning.

The supper should not be a hearty meal. Hot milk or an egg-nogg should be given at bed-time.

The case should be under the care of an intelligent physician, who will prescribe creosote or the medicine that seems to be indicated.

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**ECZEMA.**—In a paper in the *British Medical Journal* Henry Waldo advises that plain water and soap should not be used in eczema. The part should be cleaned with rain-water, bran-water, starch, or boiled oatmeal once in twenty-four hours, and immediately dried with a soft towel. If there is a crust, water containing a drachm of bicarbonate of soda to the pint may be used. The surface should be protected by some application, the kind of application not being as important as the protection of the part. A wet eczema is best treated by lotions. Internal treatment should consist of blue pill, aperients, quinine, and benzo-naphthol.

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**VACCINATION.**—The *Boston Medical and Surgical Journal* prints an interesting photographic reproduction of a Boston Board of Health report for the year 1802 showing the efficacy of inoculation for cow-pox in preventing the spread of small-pox. What increases its interest to us nurses of the present day is the certificate of two nurses who had the care of the patients. It is as follows:

“We, Susanna Truman and Lucy Learned, nurses attending on the experiments corroborating the efficacy of the cow-pox,—do certify that there was not the least sickness or appearance of small-pox among any of the children who were subjects of the same during their stay at Noddle’s Island, excepting the two boys, Thomas and John Clarke, who had never had the cow-pox and were inoculated for the small-pox with a view to render the experiment more complete.

(Signed)

“SUSANNA TRUMAN,  
“LUCY LEARNED.”

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**INFANTILE SCURVY.**—In the *Philadelphia Medical Journal* Dr. Edward L. Peirson says the treatment of infantile scurvy is simple. It usually occurs in bottle-fed babies when some proprietary food, cooked milk, or condensed milk is used. Modified uncooked milk with orange- or lemon-juice should be given, a half to a whole lemon or orange daily, with fresh beef-juice. Iron should be given for the debility and anæmia.



# HOSPITAL AND TRAINING-SCHOOL ITEMS



## HOSPITALS

THROUGH the liberality of Abby L. A. Faulkner, of Jamaica Plain, who, when she died in 1899, left by her will a generous sum for the purpose, there are to be erected in Jamaica Plain, Mass., fine modern hospital buildings which are to be devoted to the care of the sick residing within the limits of that section of the city known as the old town of West Roxbury, which includes Jamaica Plain, Forest Hills, Roslindale, and West Roxbury.

The conditions of the bequest are such that the entire sum of money that will ultimately come to the trustees for the purpose of carrying out the provisions of the will in regard to the erection and maintenance of the Faulkner Hospital will not at present permit of the construction of all of the buildings as planned by the architects, Kendall, Taylor, and Stevens, which include an administration building and two ward buildings, one on either side of the central or administration building.

Work has commenced preparatory to the laying of the foundations for the two buildings, which will accommodate about thirty permanent patients. The hospital will be free to those who are unable to pay for treatment; but those who desire to avail themselves of the benefits of the institution and are in a position to meet the expense will be expected to pay for treatment. The Faulkner Hospital will care for accident cases and all cases of sickness other than those of a contagious character.

Its management will be by a Board of Trustees, as provided for in the will of Mrs. Faulkner, of which board Charles P. Bowditch is the chairman. He has as his associates Alfred Bowditch, treasurer; Henry B. Chapin, Charles H. Souther, Miss Ellen D. Morse, Miss Caroline Bowditch, all of Jamaica Plain, and Miss Emily G. Denny, of Brookline.

It is expected that the buildings will be completed in about one year, and with the land will represent an investment of about one hundred thousand dollars.

THE Pennsylvania Legislature has voted funds to enlarge the free sanatorium for consumptives at White Haven, in the Blue Ridge Mountains, as the course of treatment at that place has proved highly successful.

The chief feature of the treatment at White Haven is open air and plenty of it. The sanatorium is merely an old, tumble-down barn. The wind whistles through the sides of the building and over the beds of invalids, who have no protection save that they are securely and warmly wrapped. The stronger ones spend their days out-of-doors. They take their meals in an adjacent cottage, the windows of which cannot be closed. Exercise is assigned to them, and such work as their condition will warrant. Reckless expectoration is forbidden, and the penalty for violation of this rule is instant expulsion. Each patient is required to drink not less than three quarts of milk and to eat six raw eggs a day.

This treatment represents the modern idea of the cure of tuberculosis, and



it is being followed, with variations, at many resorts in Colorado. The medical profession is practically agreed that fresh air, plenty of food, and strict observation of anti-expectoration rules will effect cures in many cases of consumption. Such treatment is proving its efficiency in many parts of the country, and open-air experiments are being carried on in Boston with good indications of success. Undoubtedly the next decade will see remarkable headway made against consumption by such rational treatment.

ARCHITECT R. E. RASEMAN has fully completed the plans and awarded contracts for an operating-building for Harper Hospital, Detroit, Mich., to be located at the northeast corner of the hospital grounds and connected by an enclosed corridor with the main building. It will be three stories and basement, fifty by one hundred feet in size. It will be of steel-frame construction with brick walls, trimmed with Berea, O., sandstone and slate roof. It will be strictly fire-proof and vermin-proof. Not an ounce of wood or other combustible material will be used in the building, but the window- and door-frames, sash-frames, and doors will be of steel. The floor of the first story will be of cement and those of the upper stories of asphalt. All the interior walls will be finished with hard plaster, which will be enamelled. It will be connected with the floors, so that no crevice shall be left as a harbor for vermin. The main operating-room will have sittings for three hundred and seventeen students. Its ceiling will be of heavy glass, set in a steel frame. The building will cost thirty thousand dollars.

THE Swedish citizens of Minneapolis, Minn., are building a hospital to cost fifty thousand dollars, and which is to be up to date in its equipment. They have purchased an adjoining house to be used as a nurses' home. Upon the occasion of the laying of the corner-stone Dr. C. J. Petri, of Augustana Swedish Lutheran Church, said he was proud of the fact that the history of the Swedish people in this country showed that the sentiment of anarchy, the tearing down of institutions, never had found root among them. On the other hand, this history showed the Swedes to be a people of builders. Throughout the country they had erected churches, schools, and hospitals, and this spirit of upbuilding was manifest in every Swedish community. The Swedish people, he said, had honored themselves by erecting monuments in the form of hospitals in the larger cities. It showed their inclination to thrift, enterprise, and charity.

A NEW hospital has been opened at Fairmont, W. Va., called the State Miners' Hospital, No. 3. The building is most complete in equipment, and is under the supervision of Dr. J. W. McDonald, with Dr. W. C. Jamison as assistant. Mrs. K. C. Lucus, a graduate of the Maryland University Hospital, is matron and superintendent of nurses. The institution may be fittingly summarized as the latest improved style of an emergency hospital. The present accommodations are ample for the care of ninety patients, comprising two general and two convalescent wards and several smaller rooms, which may, if occasion demands, be converted into private wards for pay patients.

PHILADELPHIA, Pa., Camden, N. J., Baltimore, Md., Newark, N. J., New Haven, Conn., Milwaukee, Wis., and Elmira, N. Y., are at this time struggling with the question of the location of a contagion-hospital. People in their ignorance behave like children. We know of one city where the three general hospitals all have contagion *annexes*, and where *danger* to the other patients is



never thought of because infection from proximity has never occurred. Intelligent, faithful service is the one thing needful for safety, with a laundry so equipped that every article of bed-linen and clothing of patient and nurse can be boiled as a matter of routine.

A BED at the City Hospital for the public-school teachers of St. Paul, Minn., is the project for which the Grade Teachers' Federation is trying to raise money. Many of the teachers have no home but a boarding-house, and they feel that a bed at the City Hospital ready for them in case of illness is highly desirable. The fund now amounts to about forty dollars, and the plan is to increase it by lectures and contributions until it is large enough to endow a bed.

ELMIRA, N. Y., has been struggling with the contagion hospital problem. The Common Council of the city voted to purchase a house and lot in Tuttle Avenue, to be turned into a detention hospital for contagious diseases. Residents in that section of the city strongly protested. The house has been burned to the ground. The origin of the fire was, no doubt, incendiary. The property was valued at three thousand dollars.

THE first steps have been taken by the City Council of Cleveland towards the establishment in Cleveland of a centrally located emergency hospital.

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#### TRAINING-SCHOOL NOTES

ON Thursday, October 31, a class of thirteen nurses graduated from the Erie County Hospital, Buffalo, N. Y. The exercises were held in the assembly-room of the Nurses' Cottage, and under the efficient direction of Miss Emma J. Keating, the superintendent of nurses, the hall had been made very attractive for the graduation. Old Glory and Pan-American flags draped the stage, and palms and chrysanthemums were used in profusion. The supper-table was decked with the class flower, the lovely Liberty Rose. The class includes Mrs. F. W. Tike, Miss Lillian Noeller, Miss Mary E. Nagle, Miss F. Marie Flickinger, Miss Carrie L. Wagner, Miss Clara E. Gruen, Miss Leonora C. Sullivan, Miss Laura Gay, Miss Julia E. McDade, Miss Mae E. Switzer, Miss Anna B. Foster, Miss Harriet R. Hagie, Miss Ophelia Horton.

The address to the nurses was delivered by Dr. Dewitt G. Wilcox, from which we quote the following from the many good things said:

"You cannot, I am sure, adopt a better rule for your daily guide than the one given by the late Dr. Susan Dimock, of Boston. 'I wish you,' says she, 'of all my instructions, especially to remember this: imagine that it is your own sister before you in that bed, and treat her in every respect as you would wish your own sister to be treated.' With that quotation constantly in mind, I feel confident you will not go far astray from the pathway that leads to the perfect nurse. It will help you to keep your patience with the irritable, fault-finding patient; it will enable you to give back a smile to the quick-tempered and unreasonable invalid; it will help you to make one more effort to soothe the hysterical and pampered woman who thinks you should never grow tired."

THE graduating exercises of the Hartford Hospital Training-School, held early in October, were interesting. The programme included addresses, music, and essays, after which refreshments were served.



The names of the members of the graduating class are as follows: Miss Maggie Myrtle Sturgess Marvin, Miss Mary Grace Bacon, Miss Gertrude Overton Lewis, Mrs. Hattie Humphrey, Miss Ella Ann Derrick, Miss Lucile Mast, Miss Annie Eliza Ruggles, Miss Eleanor Dana Hunt, Miss Agnes Quinn, Miss Nancy Kellog Hubbard, Miss Alice Carey Brown, Miss Abbie Elizabeth Colby, Miss Ida Fatio Butler, Miss Katherine MacLeod, Miss Roberta MacBride, Miss Gisela Grohmann.

THE graduating exercises of the Training-School of the Elliot City Hospital were held on October 31, and the following nurses received diplomas and medals: W. B. Walker, F. D. Fox, S. E. Conant, E. M. Baker, A. J. Loveland, L. L. Pease, M. E. Hooper, C. A. Adams, and A. C. Derby.

MISS JANE ROBERTSON, a graduate of the McLean and Massachusetts General Hospital, has been appointed assistant superintendent of nurses at the Boston Insane Hospital. Miss Robertson began her duties October 22.

MISS JESSIE C. LOYD, a graduate of the Cleveland Homœopathic Hospital, Class of '98, has recently taken charge of the Bernard Sanatorium of Baltimore, Md.

THE pupils of the Lakeside Hospital, Cleveland, O., are sent to the New York Infirmary for Women and Children for a three months' course in obstetrical training.





# OFFICIAL REPORTS OF SOCIETIES

IN CHARGE OF

MARY E. THORNTON



## COURSE OF STUDY

THE Committee on the Course of Study presents the following:

1. *Food*.—In relation to health and special diseases.
2. *General Methods of Business Transactions*.—Business forms, cheques, etc.; saving and investment of money.

Talks on these subjects may be given by thoroughly trustworthy men of business.

3. *Parliamentary Law*.—Judging from the suggestions received from the various *alumnæ* organizations, there is still a general desire to study this last subject. This is the third year that the committee has suggested this subject. Nearly all societies have made an effort in this branch of the work, paying in some instances one hundred dollars or more for the course, and have then frankly acknowledged that it was not a success.

Only two associations are ready to say that something has been accomplished. One had the valuable personal instruction of Miss Harriet R. Shattuck, and the other, a large local organization, was taught by one almost equally as well versed in the subject. Now it looks as if something were wrong somewhere. There is no lack of interest on the part of the nurses. We take it for granted that when women form themselves into a society they want to learn the proper and business-like method of conducting that society—the public expects this of professional women. Every speaker wishes for self-possession and the knowledge that whatever thought she is presenting is correctly formulated. These can be gained through the study of this subject.

One method of study is suggested. Your association may be so fortunate as to have a member who understands this subject or is interested enough in it to make a thorough and exhaustive study of it. Have her appointed critic. She will be present at each meeting, can make notes of mistakes, add new suggestions, and at the close of each business session submit her report. Corrections, although coming from one of the members, would be kindly received and acted upon when believed to be for the general good and improvement. If in connection with lectures giving the fundamental principles this idea could be carried out successfully, there would be no doubt at the end of the year that decided improvement had been made.

In the editorial of *THE AMERICAN JOURNAL OF NURSING* for December, 1900, will be found suggestions as to what is still needed in this line.

Other schools and colleges prepare their students for their *alumnæ* work by their under-graduate societies. Why cannot the senior nurses study this matter in their clubs during their last year and then come into their *alumnæ* prepared to conduct its meetings properly and thus leave time for other important work?



Those still wishing to continue the study of sociology can obtain literature from any philanthropic or charitable society. Also from the Booklovers' Library in their Library of Science and Sociology.

At the Congress of Nurses a plea which met with general approval was that more of the social element be introduced into the meetings. Should there be any time left, societies can devote it to subjects suited to local needs.

A fewer number of subjects is given this year than formerly, in the hope that these will be taken up and thoroughly studied and disposed of.

#### REFERENCES.

"Diet Lists for the Sick," AMERICAN JOURNAL OF NURSING, November, 1900.

"Elements and Practice of Cookery," by Mary E. Williams and Katherine Y. Fisher, Macmillans, New York.

ANNA J. GREENLEES,  
Chairman Committee.

#### ANNUAL MEETING OF THE BOSTON AND MASSACHUSETTS GENERAL HOSPITAL ALUMNÆ

THE annual meeting of the Alumnae Association of the Boston and Massachusetts General Hospital Training-Schools for Nurses was held at the Massachusetts General Hospital on October 29, 1901. The first business to come before the meeting was the election of a president in place of Miss Mary L. Keith, resigned. Miss M. E. P. Davis was elected, and took the chair. The resignation of Miss M. B. Brown as vice-president was read, and a committee of three appointed to nominate her successor at the next meeting. The report of the committee appointed to draw up resolutions expressing the regret of the alumnae at the resignation of Miss Mary L. Keith as president was then read. It was voted that they be spread upon the minutes of the society and that a copy be sent to THE AMERICAN JOURNAL OF NURSING and also to Miss Keith. The death of Miss Ada E. Thayer, a former member of the alumnae, was then announced, and a committee, consisting of Miss M. B. Brown and Miss Florence F. Rice, was appointed to draw up resolutions upon her death. The society then listened with much pleasure to the interesting report of Miss J. F. Riley, one of the delegates to the International Congress of Nurses recently held at Buffalo, of which event she gave a most satisfactory account, at the conclusion of which she was given a vote of thanks by the Alumnae Association.

Resolutions of the Alumnae Association of the Boston and Massachusetts General Hospital Training-Schools for Nurses on the resignation of its late president, Miss Mary L. Keith:

"WHEREAS, We, the alumnae, having been in a position to judge of Miss Mary L. Keith's many womanly qualities, so admirably combined with great professional ability, have anticipated what has but recently occurred,—namely, her removal to a place of greater responsibility and wider usefulness, necessitating her resignation as president of this association; and

"WHEREAS, The Alumnae Association of the Boston and Massachusetts General Hospital Training-Schools for Nurses expresses its appreciation of her many personal and professional virtues as exemplified more especially in the acceptable and able manner with which she performed all the duties of the office of president by a unanimous vote of thanks.



*"Resolved, That the alumnae accept her resignation with much regret.*

*"Resolved, That the alumnae extend congratulations for her advancement, with best wishes for her success, and fraternal interest in every position she may be called to occupy.*

*"Resolved, That these resolutions be embodied in the minutes of this association and that a copy be sent to Miss Keith and to THE AMERICAN JOURNAL OF NURSING.*

(Signed)

"M. E. P. DAVIS,

"A. O. TIPPET,

"Committee."

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### ALUMNÆ ASSOCIATION OF THE ORANGE TRAINING-SCHOOL FOR NURSES

THE annual meeting of the Alumnae Association of the Orange Training-School for Nurses was held on Wednesday, November 6, 1901, at 449 Main Street, Orange, N. J.

The usual business of the meeting having been transacted, the delegate to the Congress of Nurses presented a brief report, explaining that a more detailed account of the proceedings will be found in THE AMERICAN JOURNAL OF NURSING, which is the official organ of the Associated Alumnae.

Seven new names were proposed for membership, and the announcement was made of the marriage of Miss Leonor Cowan to Dr. James Spencer Brown, of Montclair, N. J.; also that a mass meeting of nurses with regard to State organization will be held in the Newark City Hospital on December 4 at two-thirty P.M. It was then proposed to give a dinner to the graduating class on Monday, November 18, when we hope to become better acquainted.

The following is a list of the officers for the ensuing year: President, Miss A. D. Clarke; first vice-president, Miss Cornelia Johnson; second vice-president, Miss Daisy Squire; secretary, Miss Beatrice M. Druge; treasurer, Miss S. Coomber.

The following resolutions were passed by the association:

"WHEREAS, It has pleased an all-wise Father to take from among us a friend and associate, Miss Gertrude Parry:

*"Resolved, That we, the Alumnae Association of the Orange Training-School for Nurses, express our sorrow at the loss of one so loyal, cheery, and kind; and be it further*

*"Resolved, That a copy of these resolutions be sent to her bereaved family, and recorded among the minutes of this association."*

After adjournment refreshments were served, and a pleasant social time was enjoyed by those able to remain.

BEATRICE M. DRUGE,  
Secretary.

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### A REFERENCE LIBRARY ON WOMEN'S WORK

THE International Council of Women is sending out the following notice:

"October, 1901.

"We desire to draw your attention to a series of volumes containing the papers read at the International Congress of Women held in London in 1899.



Each volume treats of a different section,—viz.: 'Report of Council Transactions,' 'Women in Education,' 'Women in Professions (two volumes),' 'Women in Politics,' 'Women in Industrial Life,' and 'Women in Social Life.'

"These books possess more than a passing interest, inasmuch as they may be regarded as a sort of reference library regarding all that concerns the progress, position, and work of women in various countries of the world during the nineteenth century. The papers on the different subjects were prepared by experts, and can be regarded as reliable.

"Bearing these facts in mind, it would seem highly desirable that not only women's societies and institutions, but also public libraries, should possess a copy of this series of volumes. The publishers are now prepared to dispose of a limited number of sets at a reduced price,—viz.: England, fifteen shillings per set, carriage paid; America, four dollars per set, carriage paid.

"We venture respectfully to urge all interested in women's work to make an effort to see that this opportunity is taken advantage of by the public libraries and institutions in their locality.

"Orders had better be transmitted with payment direct to the publishers, Messrs. Fisher Unwin, 11 Paternoster Buildings, London, E.C., by accompanying order form. We remain,

"Yours faithfully,

"MAY WRIGHT SEWALL,

"President of the International Council of Women, 633 North  
Pennsylvania Street, Indianapolis, Ind., U.S.A.;

"ISHBEL ABERDEEN,

"Editor of the Transactions of the International Congress of  
Women, Haddo House, Aberdeen, Scotland."

Our alumnae and clubs collecting libraries could not do better than purchase this set of books. They are most enlightening and valuable to all who are interested in the gradual uplifting of women, and contain information which cannot be obtained in any other way. The price is most moderate, and we urge nurses' clubs to send for a set.

L. L. DOCK,  
Secretary American Federation of Nurses.

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#### ST. LUKE'S TRAINING-SCHOOL ALUMNÆ, RICHMOND, VA.

THE graduates of St. Luke's Training-School for Nurses held a meeting last April at St. Luke's Hospital for the purpose of forming an Alumnae Association of the graduates of the institution. The association was formed, a constitution was adopted, and officers were elected as follows: President, Miss Rosa B. Anderson; vice-president, Miss Louise M. Powell; treasurer, Miss Annie G. Coleman; secretary, Miss Emily P. Jones.

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#### CITY HOSPITAL, QUINCY, MASS.

THE third meeting of this association was held on October 25. The members were fortunate in having the honor of entertaining Miss Linda Richards, who delivered a very interesting address. This alumnae was organized on February 19, 1901, with three honorary members and twenty-five charter members. The



officers elected were: President, Miss Anna Kimball; vice-president, Miss Annie R. Manning; secretary, Miss Viola Harrington; treasurer, Miss Marion Jackson.

## THE AMERICAN SOCIETY OF SUPERINTENDENTS OF TRAINING-SCHOOLS FOR NURSES

### OFFICERS FOR THE COMING YEAR.

President, Mrs. Gretter, Detroit, Mich.  
 First vice-president, Miss Drown, Boston, Mass.  
 Second vice-president, Miss Keating, Buffalo, N. Y.  
 Secretary, Miss Dock, 265 Henry Street, New York.  
 Treasurer, Miss Alline, 402 W. One Hundred and Twenty-fourth Street, New York.  
 Auditors—Miss Griswold and Miss McKechnie.  
 Councillors—Miss Riddle, Miss McDowell, Miss Richards, Miss Snively, Miss Gross, and Miss Allerton.

### NEW MEMBERS ELECTED.

The new members are:

Miss Emma A. Grobert, City Hospital, Auburn, N. Y.  
 Miss Eleanor Underhill, Virginia Hospital, Richmond, Va.  
 Miss Margaret McCarthy, St. Mary's Hospital, Brooklyn, N. Y.  
 Miss Lucy Ayers, Rhode Island Hospital, Providence, R. I.  
 Mabel Wilson, St. John's Hospital, Brooklyn, N. Y.  
 Miss Florence Bishop, Medico-Chirurgical Hospital, Philadelphia, Pa.  
 Miss Elizabeth Parker, Maryland Homœopathic Hospital, Baltimore, Md.  
 Miss Anna Schultze, Connecticut Training-School, New Haven, Conn.  
 Miss M. L. Meiklejohn, Lady Stanley Institute, Ottawa, Canada.  
 Miss Lina Rogers, Grady Hospital, Atlanta, Ga.  
 Mrs. Dita H. Kinney, Superintendent Army Nurse Corps of the United States.  
 Miss Rykert, Post-Graduate Hospital, New York.  
 Mrs. Harriet Morgan, Colored Home and Hospital, New York.  
 Miss Emily Chilman, General Hospital, Stratford, Ont.  
 Miss Anna Young, Muhlenberg Hospital, Plainfield, N. J.  
 Miss Lillian Huffcutt, Children's Hospital, San Francisco, Cal.  
 Miss Nancy Cadmus, Faxon Hospital, Utica, N. Y.

### FURTHER ITEMS FROM COMMITTEE REPORTS.

*Publication Committee.*—Paper-bound volumes of the Sixth and Seventh Annual Reports may still be had from the secretary. Price, fifteen cents each.

*Hospital Economics Course Committee.*—Mrs. Robb reported gifts amounting to two hundred dollars for the course from the Alumnae Association and individual members of the Johns Hopkins Training-School.

Miss Banfield was appointed chairman of the Examining Board for the special course at Teachers' College, with authority to choose her associates.

*Committee on Work in Hospitals for the Insane.*—In the discussion, Miss Richards thought that the work in hospitals for insane patients should be taken first, and general training afterwards, by nurses wishing to have both courses. She thought the nurse who first took the general training was unfitted for the other, which requires so much more patience, tact, and forbearance, and in



which it is often impossible to carry out the doctors' orders; also in which it is necessary to obtain orders in numerous details which are never thought of in general work.

**THE REVISED CONSTITUTION.**

The revised constitution will be in pamphlet form in a short time and may be obtained from Mrs. Gretter.

The new forms for application, made necessary by the revisions, will be ready by about January 1, and may also be obtained from the president.

L. L. DOCK,  
Secretary.

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**ROCHESTER CITY HOSPITAL ALUMNÆ**

At the last annual meeting of the R. C. H. A. A., held October 8, 1901, the following officers were elected:

President, Miss E. V. Connor; first vice-president, Helena Hascott; second vice-president, Janet McKenzie; recording secretary, R. A. Sercombe; corresponding secretary, Margaret McLaren; treasurer, Mrs. Adelaide Collins.

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**MEETING OF CLEVELAND NURSES**

At the annual meeting of the Graduate Nurses' Association of Cleveland, O., held at the Lakeside Hospital on October 29, Miss Smith, of the Alta Social Settlement, addressed the society. Miss Smith told something of the Social Settlement work, not only in Cleveland but also in New York and London, and was listened to with much interest.

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**ST. LUKE'S ALUMNÆ, SOUTH BETHLEHEM, PA.**

THE annual meeting of the association was held on October 18 and very well attended. The tea given at the Nurses' Home was much enjoyed by all.

On the same day the hospital celebrated Hospital Day, Dr. Frank P. Foster, editor of the *New York Medical Journal*, delivering the address. The occasion was made more interesting by the graduating of the Class of 1901, nine nurses receiving diplomas.

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**OFFICERS WHO FEEL THEIR RESPONSIBILITIES**

DEAR MISS SECRETARY: May we ask you to send us twelve or fifteen copies, if they are to be obtained, of the September and October numbers of the JOURNAL. We wish to distribute these among our members, as we are anxious they should know the JOURNAL and support it.

Very truly,

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**UNIVERSITY OF MARYLAND ALUMNÆ**

It is with regret that this society chronicles the prolonged illness of the president, Miss Lord, and the illness of the secretary during the spring and summer months. Miss Lord has been so untiring in her work for the association that her absence is greatly felt.



All the members who could possibly do so attended the graduating exercises, which took place in the nurses' reception-room. The decorations were black, with red roses, the college colors, and were most tastefully arranged. The graduating class numbered twelve, and of these four have accepted hospital positions, the others doing private work. It may be of interest to note the marriage of Miss Ellinor van Santvoort to Mr. W. W. Mines, of Frederick, Md. The charter members of the *alumnæ* will remember the faithful work done by Mrs. Mines at the time of organization.

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#### THE SECOND MEETING OF NEW YORK STATE NURSES' ASSOCIATION

THE second meeting of the New York State Nurses' Association will be held in New York City in January. We had hoped to be able to give the exact date in this issue, but have been unable to complete arrangements in time. An effort is being made to secure the use of a room in the Academy of Medicine. In the January number of this magazine full particulars will be given of exact date, programme, boarding-places, etc.

The Buffalo Congress must have convinced us all of the fact that we are agreed as to the unsatisfactory condition of our profession, and it remains for each country and each State to work out the remedy in the way best suited to its locality.

Illinois and Virginia have organized State societies, and both on an individual basis.

Pennsylvania is taking steps to organize, and letters just received from Kentucky and Connecticut tell us that they also are waking up to the realization that legislation must be the means by which we will accomplish all our improvements, and that State organization must be perfected before legislation can be attempted.

We hope every nurse in New York State will endeavor to attend the January meeting, and in the meantime let us all be thinking of the best way to organize, so as to secure the best results.

SYLVEEN V. NYE,  
President.

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#### NEW JERSEY STATE NURSES' ASSOCIATION

A MEETING will be held at the City Hospital, 116 Fairmount Avenue, Newark, N. J., on Wednesday, December 4, 1901, at half-past two o'clock.

The object of the meeting is to organize a New Jersey State Nurses' Association for the purpose of securing legislation and registration.

All organizations of graduate nurses and all training-schools are requested to send representatives. Resident nurses, who are graduates of schools in other States, are particularly invited to attend and take part in the discussions.

MISS B. J. GARDNER, Chairman,  
512 Clinton Avenue, Newark, N. J.,  
MISS C. W. HORN,  
MISS I. MACDONALD,  
MISS S. C. NEWELL,  
MISS I. T. FALLON, Secretary,  
Committee.



THE Graduate Nurses' Association of Cleveland, O., which for some time has been working to start district nursing in the city, has succeeded in placing the work in the hands of a Board of Directors, and it is expected that before long three or possibly four nurses will be placed in the field.

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#### EPISCOPAL HOSPITAL ALUMNÆ

THE graduates of the Hospital of the Protestant Episcopal Church in Philadelphia organized an Alumnæ Association August 6, 1901. The following officers were elected: President, Anne Stockton Haines; first vice-president, Sara A. Wright; second vice-president, Mary Johnston; secretary, Mary E. Esser; treasurer, Maria P. Allen; Executive Committee—Clara J. Noetling, Mary Moms, Georgiana Kitchen, Harriet Crew, Kate Darby.

Its purpose is to promote fellowship among its members, to advance the interest of the nurses' calling, and for mutual help and comfort in times of illness, discouragement, or misfortune. Membership, eighty-six.

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AT a meeting of the Graduate Nurses' Association of Cleveland, O., held at the Lakeside Hospital on November 12, Mrs. Hunter Robb and Miss M. H. McMillan were appointed delegates to represent the association on the Board of Directors of the District Nursing Organization of Cleveland.





# FOREIGN DEPARTMENT

IN CHARGE OF  
LAVINIA L. DOCK



## CURRENT EVENTS

### THE REORGANIZATION PLAN FOR THE ENGLISH ARMY NURSING SERVICE

A MOST important event is the announcement of the reformation and extension of the British Army Nursing Service, as published in the report of the Committee on Reorganization, and found in the English press and medical and nursing journals. Readers of the daily papers for the last two years are well aware of the criticisms made upon the bad management and lack of foresight shown in the care of the sick in South Africa, the usual army nursing staff being quite inadequate for the service in a rush of emergencies. It was too small, and too limited in its general construction. It may be said not to have been a department at all, but simply one of the subdivisions of the Medical Department. There were times when, as a prominent English woman said, all the lessons taught by Florence Nightingale seemed to have been forgotten.

Now, under the new plan, a new department is created,—a Department of Nursing,—and planned on a larger scale, with a nurse at the head, and with powers and functions which really give her a position more like that of one of our heads of departments in the federal government than anything else.

It is a most gratifying advance in recognition of the nursing profession and nurses' work as such, and is also a victory for the whole cause of woman's right to participate in affairs of public good with her brains as well as with her heart—as a co-worker with man and not solely as his hand-maid.

Our army nursing service in America is now left far behind, let us hope only temporarily. We rightly felt there had been a great advance made when a nurse was placed at the head of the Army Nurse Corps, yet it was but the first step. The necessary extension of her authority and supervisory powers, and the settling of the whole question of "status" in the army for assistant nurses will be seen to be as yet unattended to when comparison is made with the new English plan, from which we take extracts as follows:

#### TITLE.

"1. There shall be one Military Nursing Service for His Majesty's Army in the United Kingdom, India, and the Colonies, to be designated 'Queen Alexandra's Imperial Military Nursing Service' (Q.A.I.M.N.S.). In this service shall be amalgamated the existing Army Nursing Service and the Indian Nursing Service.

#### " PRESIDENT.

"2. Her Majesty Queen Alexandra shall be requested graciously to assume the presidency of this service.



“ CONSTITUTION OF NURSING BOARD.

“ 3. The Nursing Service shall be under the immediate control of Her Majesty Queen Alexandra as president, and of a Nursing Board constituted as follows:

“ *President.*—Her Majesty Queen Alexandra.

“ *Chairman.*—The Director-General, Army Medical Service, or an officer nominated by him.

“ Two members of the Advisory Board, Army Medical Service, of whom one shall be a civilian.

“ The matron-in-chief, Queen Alexandra’s Imperial Military Nursing Service.

“ Three matrons of large civil hospitals with medical schools.

“ One representative of the India Office to be appointed by the Secretary of State for India.

“ Two members to be nominated by Her Majesty the president, and holding office for three years.

“ MODE AND TERM OF APPOINTMENT OF CERTAIN MEMBERS OF THE NURSING BOARD.

“ 4. Upon this Nursing Board the civilian members of the Advisory Board, Army Medical Service, and the matrons of civil hospitals shall be appointed by the Crown, on the advice of the Secretary of State, and shall hold office for a period of three years, renewable on expiration of the term of appointment.

“ A matron of a civil hospital shall receive an honorarium of twenty-six pounds five shillings per annum while serving on the board.

“ 5. The Nursing Board, of which three shall form a quorum, shall usually meet at fortnightly intervals. The minutes of the proceedings of the Nursing Board shall be laid by the matron-in-chief before the Advisory Board. It shall be in the power of the Advisory Board to refer back any point to the Nursing Board for reconsideration, and in case of a divergence of opinion between the boards the matter in question shall be referred to the Secretary of State.

“ FUNCTIONS OF NURSING BOARD.

“ 6. Subject to the general control of the Advisory Board the Nursing Board shall be responsible for—

“ (1) Advising the Secretary of State upon the strength of the nursing staff of various grades requisite in each military hospital (including the hospitals for women and children attached to military stations), having regard to the character of the cases admitted, and subject to the proviso that as a general rule hospitals containing fewer than one hundred beds will not be provided with a regular female nursing staff (*vide* paragraph 14).

“ (2) Defining the conditions under which nurses may enter the service, the terms of their appointment, and the duties to be performed in the several grades of the Nursing Service.

“ (3) Dealing with all questions relating to the uniform and clothing of the Nursing Service.

“ (4) Receiving and considering reports from matron-in-chief and the matrons of the various hospitals.



- “ (5) Recommending to the Commander-in-Chief, for the approval of the Secretary of State, the appointment, retention, promotion, retirement, dismissal, and distribution of the members of the Nursing Service.
- “ (6) Arranging for the selection and engagement of additional nurses, the organization of the requisite nursing staff, and the appointment of principal matrons in case of war or epidemic.
- “ (7) Advising the Secretary of State upon the formation of the Nursing Reserve of the Queen Alexandra's Imperial Military Nursing Service.
- “ (8) Arranging for the periodical inspection of military hospitals as regards nursing efficiency.
- “ (9) Submitting to the Secretary of State, through the Advisory Board, a scheme for the organization and development in India of the Queen Alexandra's Imperial Military Nursing Service, which shall allow for adequate local control, subject to the general authority of the Nursing Board.

“ GRADES IN THE QUEEN ALEXANDRA'S IMPERIAL MILITARY NURSING SERVICE.

“ 7. The Queen Alexandra's Imperial Military Nursing Service shall consist of—

- “ (1) A matron-in-chief and principal matrons.
- “ (2) Matrons.
- “ (3) Sisters.
- “ (4) Nurses.

BADGE.

“ 8. All matrons, sisters, and nurses of the Queen Alexandra's Imperial Military Nursing Service shall be entitled to wear an appropriate badge which, by special permission only of Her Majesty the president, may be retained by the wearer after leaving the service.

THE MATRON-IN-CHIEF.

“ 9. The matron-in-chief shall have a seat on the Advisory Board, acting as a member of the board whenever matters concerning the Nursing Service are under discussion, and in her absence a principal matron shall take her duties.

“ 10. The matron-in-chief shall be the medium of communication between the Director-General and the Queen Alexandra's Imperial Military Nursing Service in all matters connected with that service.

“ 11. The matron-in-chief shall be responsible for keeping the service records and confidential reports from the matrons of the various hospitals regarding the character, conduct, and efficiency of the sisters and nurses under their control.

“ 12. The matron-in-chief shall keep herself acquainted with the administration of the nursing service in the various military hospitals.

“ 13. She shall submit to the Nursing Board recommendations for the appointment, promotion, retirement, dismissal, and distribution of members of the service.

“ 14. She shall be responsible for maintaining a sufficient staff of special nurses, detailing them for duty in cases of emergency, or for service in smaller hospitals.



"15. She shall present every year to the Nursing Board a scheme for the annual leave of matrons and special nurses, and shall report to the board the arrangements made by matrons for the annual leave of sisters and nurses.

"16. Among the duties of a matron, to be defined in detail by the Nursing Board, shall be the following:

"(1) To recommend suitable candidates for admission to the service in accordance with the prescribed regulations.

"(2) In conjunction with the medical officer in charge of the hospital to forward to the matron-in-chief such confidential reports with regard to the work and conduct of the nursing staff as may be required, and to make recommendations for retention, promotion, retirement, and dismissal.

"(3) To be responsible for the general nursing arrangements of the hospital, for the due performance of their duties by the sisters and nurses, and for the maintenance of good conduct, efficiency, and discipline among all members of the female nursing staff. In conjunction with the medical officer in charge of the hospital to report upon these matters at stated intervals to the Nursing Board through the matron-in-chief.

"(4) To exercise similar functions as regards the hospital for women and children in a station where such hospital exists.

"(5) In urgent cases to provide, where practicable, for the nursing of women and children on the married establishment.

"(6) To engage and dismiss the female servants appointed to attend upon the nursing staff, and to be responsible for their discipline, good conduct, and efficiency.

"(7) To undertake the daily inspection of the nurses' quarters to insure that they are clean, well ventilated, and kept in good order.

"(8) To be responsible to the medical officer in charge of the hospital for sufficient supply, good condition, and cleanliness of the bedding and linen in the nurses' quarters and the wards under her nursing charge.

"(9) To see that proper medical and nursing attendance is provided without delay for sick members of the nursing or female domestic staff.

"(10) To arrange the annual leave of sisters, nurses, and female domestic staff, reporting thereon to the matron-in-chief.

"17. A principal medical officer shall report annually to the Nursing Board through the general officer commanding upon the conduct and efficiency of the matrons of hospitals within his district.

"18. Among the duties of a sister in charge of a ward, to be defined in detail by the Nursing Board, shall be the following:

"(1) To be responsible for the cleanliness, ventilation, and good order of her ward and its annexes.

"(2) To attend the medical officers in their visits to the ward, and carefully to carry out their orders with regard to the diet and treatment of patients.

"(3) To see that the nurses and orderlies perform their duties punctually and efficiently, reporting any breach of discipline or



neglect of duty on the part of a nurse to the matron, and on the part of an orderly to the medical officer in charge of the ward, or in his absence to a warrant or non-commissioned officer of the Royal Army Medical Corps.

“(4) To take part in the nursing of all patients seriously ill.

“(5) To be responsible to the matron and medical officer of the ward for sufficient supply, good condition, and cleanliness of the bedding and linen, and for the personal cleanliness of the patients.

“19. Among the conditions under which nurses may enter the service and the terms of their appointment (to be defined in detail by the Nursing Board) are the following:

“(1) A candidate must be of British parentage, be between twenty-five and thirty-five years of age, and possess a certificate of not less than three years' training and service in medical and surgical nursing in a civil hospital recognized by the Advisory Board. She shall be required to satisfy the Nursing Board that as regards education, character, and social status she is a fit person to be admitted to the Queen Alexandra's Imperial Military Nursing Service.

“(2) If provisionally accepted, she shall be placed on probation for a period of three months, at the end of which time, if her work and conduct are reported to be satisfactory by the matron of the hospital, she may, after having been medically examined, enter into an agreement binding herself to three years' service in the Queen Alexandra's Imperial Military Nursing Service, and undertaking to conform to the rules and regulations of the service. The agreement shall be dated from the time at which the nurse was provisionally accepted, and may, on the recommendation of the Commander-in-Chief, be terminated at any time by three months' notice from the Secretary of State, or in case of grave breach of discipline or misconduct without notice.

“(3) On the expiration of her three years' term of service a nurse may be permitted—

“(a) To retire from the service.

“(b) To continue in the service as a staff nurse, with an agreement terminable at any time by one month's notice on either side.

“(c) To join the staff of special nurses under the orders of the matron-in-chief, with an agreement terminable at any time by one month's notice on either side.

“(d) To offer herself for promotion to the post of sister, undertaking to serve for at least one year, and afterwards under an agreement terminable at any time by one month's notice on either side.

“(e) To enter into a fresh agreement for service, as nurse or sister in India or elsewhere abroad, for a period of three or five years, according to climate.



" CONDITIONS APPLICABLE TO PRESENT MEMBERS OF THE ARMY AND INDIAN NURSING SERVICE, AND MEMBERS OF THE ARMY NURSING RESERVE.

" 20. All present members of the Army and Indian Nursing Service, and members of the Army Nursing Reserve who have been in military employment during the war in South Africa, shall be eligible for appointment in the Queen Alexandra's Imperial Military Nursing Service, if recommended by the Nursing Board. Should any question arise as to their status in the Queen Alexandra's Imperial Nursing Service, the Nursing Board shall report thereon to the Advisory Board, and the recommendation of the Advisory Board shall be submitted to the Commander-in-Chief, whose decision shall be final.

" 21. Any present member of the existing services who is not retained in the Queen Alexandra's Imperial Military Nursing Service may be recommended for a gratuity of one month's pay for each year of service if she is not entitled to a pension; and any member who may decline to accept the new terms of employment shall be allowed to serve upon the terms of her present engagement.

" 22. PAY.

" (a) *Nursing Staff*—

" Matron-in-chief, two hundred and fifty pounds a year, rising by annual increments of ten pounds to three hundred pounds, and lodging allowance.

" Principal matron in India, two hundred and thirty pounds a year, rising by annual increments of ten pounds to two hundred and eighty pounds, and lodging allowance.

" Principal matrons, one hundred and ten pounds a year, rising by annual increments of five pounds to one hundred and sixty pounds.

" Matrons, according to size of hospital, seventy to one hundred pounds a year, rising by annual increments of five pounds to one hundred and twenty to one hundred and fifty pounds.

" Sisters, thirty-seven pounds ten shillings a year, rising by annual increments of two pounds ten shillings to fifty pounds.

" Nurses, twenty-five pounds a year, rising by annual increments of two pounds ten shillings to thirty-five pounds.

" (b) *Female Servants*—

" Fifteen pounds a year, rising by annual increments of one pound to twenty pounds.

" 23. ALLOWANCES.

" (a) *Nursing Staff*—

" Home station, board and washing, fifteen shillings a week.

" Station abroad, board and washing, twenty-one shillings a week.

" Station abroad, washing, three shillings six pence a week.

" Home station, uniform, six pounds per annum.

" Station abroad, uniform, seven pounds per annum.

" Home and abroad, cloaks, two pounds per annum.

" (b) *Female Servants*—

" Board and washing, ten shillings six pence a week.

" 24. Allowances at the recognized scale shall be given for Indian and Colonial service.



"ANNUAL LEAVE.

"25. The regular annual leave of members of the Queen Alexandra's Imperial Military Nursing Service in home stations shall be as follows: Matrons, six weeks; sisters, five weeks; nurses, four weeks. Leave at stations abroad shall be granted on the military system.

"PENSION.

"26. It is desirable that all members of the Queen Alexandra's Imperial Military Nursing Service should be eligible to apply for a pension at the age of fifty years, and should be retired at the age of fifty-five years. Rates of pension shall be according to the scale laid down in Article 1,233, Royal Warrant for Pay and Promotion.

"ST. JOHN BRODRICK,

"E. W. D. WARD,

"G. DE C. MORTON, Major-General,

"JAMES WILLCOCKS, Colonel,

"FREDERICK TREVES,

"WILLIAM THOMSON,

"W. R. HOOPER, Surgeon-General,

"G. H. MAKINS,

"HOWARD H. TOOTH,

"ALFRED D. FRIPP,

"ALFRED KEOGH, Lieut.-Colonel, R.A.M.C.,

"ALEX. OGSTON,

"E. C. PERRY.

"H. E. R. JAMES, Major, R.A.M.C.,

"Secretary."

As no doubt many reformers, both men and women, lay and professional, have aided in this movement towards a better nursing system for the English army, it might be impossible to find one person or set of persons who should rightly have more than a part of the credit; yet as nurses we may at least justly pride ourselves on the fact that no one has been *more* active and insistent than English nurses through the Matrons' Council and the nursing magazines, and no one ever presented a *better* set of suggestions than those sent in petition to the War Office by the Matrons' Council,\*—in fact, we remember nothing else so good, and we now have the satisfaction of seeing that their suggestions are mainly embodied in this report.

\* See our English correspondent's letter in June number AMERICAN JOURNAL OF NURSING.





# CHANGES IN THE ARMY NURSE CORPS



## CHANGES IN THE ARMY NURSE CORPS RECORDED IN THE SURGEON-GENERAL'S OFFICE FOR THE MONTH ENDING NOVEMBER 6, 1901.

ABEL, ROSE E., formerly on duty at the United States Army General Hospital, Presidio, San Francisco, discharged.

Anderson, Mary A., transferred from the First Reserve, Manila, to Military Hospital, Calamba, P. I.

Arnold, Mrs. Henrietta, appointed November 1 and assigned to duty at United States Army General Hospital, Presidio, San Francisco.

Ashen, Sarah C., transferred from United States Army General Hospital, Presidio, San Francisco, to duty on transport Thomas en route to the Philippines.

Brinton, Elizabeth M., transferred from First Reserve Hospital, Manila, to Military Hospital, Calamba, P. I.

Brock, Sarah A., transferred from United States Army General Hospital, Presidio, San Francisco, to duty on transport Thomas en route to Philippines.

Brown, Mrs. Jessie M., transferred from First Reserve Hospital, Manila, to Military Hospital, Vigan, P. I.

Buckley, Mary E., transferred from Military Hospital, Iloilo, to First Reserve, Manila, P. I.

Burke, Nina M., recently arrived in Manila, assigned to duty at the First Reserve Hospital.

Connors, Katherine, transferred from Military Hospital, Calamba, P. I., to First Reserve Hospital, Manila.

Corbett, Belle Ladd, appointed October 25 and assigned to duty at United States Army General Hospital, Presidio, San Francisco.

Deans, Rachel A., transferred from Military Hospital, Iloilo, P. I., to First Reserve, Manila.

Eldridge, Dora, formerly on duty at United States Army General Hospital, Presidio, San Francisco, discharged.

Entwisle, Irene F., appointed October 25 and assigned to duty at United States General Hospital, Presidio, San Francisco.

Fleming, Margaret, formerly on duty at United States General Hospital, Presidio, San Francisco, discharged.

Foote, Carolyn C., formerly on duty at United States Army General Hospital, Presidio, San Francisco, discharged.

Gleason, Mary, transferred from Santa Mesa Hospital, Manila, to Military Hospital, Iloilo, P. I.

Gottschalk, Helene M., appointed October 25 and assigned to duty as chief nurse at United States Army General Hospital, Presidio, San Francisco.

Hally, Mary C., appointed October 25 and assigned to duty at United States Army General Hospital, Presidio, San Francisco.

Hammond, Anna R., appointed October 25 and assigned to duty at United States Army General Hospital, Presidio, San Francisco.



Hasemeyer, Augusta D., transferred from First Reserve Hospital, Manila, to Military Hospital, Vigan, P. I.

Keck, Willma A., appointed November 4 and assigned to duty at United States Army General Hospital, Presidio, San Francisco.

Kemmer, Alice S., transferred from Santa Mesa Hospital, Manila, to Military Hospital, Vigan, P. I.

Lake, Mabel I., transferred from the United States Army General Hospital, Presidio, San Francisco, to duty on transport Thomas en route to Philippines.

Layton, Mary V., transferred from the First Reserve Hospital, Manila, to Military Hospital, Vigan, P. I.

Lyons, Mary V., reappointed October 12 and assigned to duty at Fort Keogh, Montana.

Macdonald, Mary D., reappointed October 12 and assigned to duty at Fort Keogh, Montana.

Macrae, Mary E., formerly on duty at the First Reserve Hospital, Manila, P. I., discharged.

McRae, Henrietta, transferred from the First Reserve Hospital, Manila, to Orani, Province of Bataan, where she served for one month and then returned to her former station.

Miller, Evelyn G., appointed October 25 and assigned to duty at the United States Army General Hospital, Presidio, San Francisco.

Morgan, Irene A., appointed October 25 and assigned to duty at the United States Army General Hospital, Presidio, San Francisco.

Pringle, Martha E., recently arrived in Manila, assigned to duty at Military Hospital, Calamba, P. I.

Rector, Josephine, transferred from the First Reserve Hospital, Manila, to Military Hospital, Calamba, P. I.

South, Margaret Hay, formerly on duty at the First Reserve Hospital, Manila, P. I., discharged in Manila.

Stoker, Jane M., dietist, Fort McDowell, Angel Island, California, transferred to duty as nurse on the transport Thomas en route to the Philippines.

Unger, B. Matilda, transferred from Military Hospital, Vigan, to First Reserve Hospital, Manila, P. I.

Woodward, Jessie, appointed October 25 and assigned to duty at the United States Army General Hospital, Presidio, San Francisco.

Yeamans, Laura Ettie, transferred from Military Hospital, Vigan, to First Reserve Hospital, Manila, P. I.





## LETTERS TO THE EDITOR



*[The Editor is not responsible for opinions expressed in this Department.]*

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DEAR EDITOR: In reading Miss Delia Knight's article in the October number of the JOURNAL on nurses putting their money in savings-banks instead of taking out a fifteen- or twenty-year-term life-insurance policy, I beg to state that some years ago I secured a policy in a New York company which I am convinced is way ahead of savings-bank illustrations referred to in the article in question. To prove this, I give you the name of Theodore Crawl, Sterling, Ill., who has deposited fifty dollars and forty-seven cents annually since July 29, 1881, and was offered in cash July 29, 1901, by the same New York company fifteen hundred and forty-eight dollars and thirty-five cents, which is a return of all money deposited, with 37.8 per cent. compound interest, including free insurance for the past twenty years. Every settlement by this company has returned the same proportion on participating policies. Miss Knight's article is, therefore, unfair, because a policy which guarantees only one thousand dollars, as she puts it, costs about ten dollars less than fifty dollars per year, all of which was fairly and fully explained to me by a representative of the company at the time I decided to adopt that means of protection and saving.

GRADUATE NURSE.

November 4, 1901.

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DEAR EDITOR: Since the appearance of my letter on the Chicago quack nursing-school I have had quite a number of appeals from nurses as to what can be done, but, as usual, each one seems to think that someone else should do something, and I have not heard one say, "*I will do something about it.*" Now, of course, we know that "there ought to be a law against it," but meantime, while we are strengthening our organizations to the point where we may try to get laws passed, I would suggest to the nurses that much may be done right away by personal protest, by well-written and dignified expostulation, by moral suasion, and by organized appeals to the medical societies, also to the public through the more dignified and respectable of the daily press. In Philadelphia Miss Banfield has made some impression in medical quarters, and has brought some physicians to regard as we regard it the "Nurse Supply" institution of that city. This she accomplished almost single-handed; also, in Buffalo, the Nurses' Club protested, and successfully, against an attempt made to introduce the "trained attendant" system there.

These things show how much can be done by the personal action of nurses, and I believe that if the nurses in the cities where quack schools flourish would take the matter up for action and make themselves heard, they might materially check the advance of quack training. I would like to say to them all that it is absolutely necessary they should begin a crusade of this kind. So long as the medical profession do not know our views, how can they tell what is injurious



to nursing standards? We must remember they are not nurses. Nor can we hope ever to pass laws until we have informed and educated the public. I would therefore suggest that the organized nurses in our towns get together and frame letters of protest, setting forth the detriment to good nursing, and the danger to the public in these wrongly managed institutions, and send these letters to the medical societies, also to the press, and that they enter them all in their own minutes for the help and guidance of other nurses. This is the first thing to do—the logical thing. Does not the Bible say that when we have grievances we shall *first* go and talk them over with the people who are offending us, and after that, if no redress is to be had from them, then we can appeal to public opinion? (Not quite in these words, but the idea is the same.)

Yours sincerely,

L. L. DOCK.

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THE COLORADO FUEL AND IRON COMPANY'S HOSPITAL,  
PUEBLO, COL., November 11, 1901.

DEAR EDITOR: In the October number of THE AMERICAN JOURNAL OF NURSING I noticed an item concerning the building of a new hospital at Colorado Springs, Col. I wish to correct that item. The hospital is being built here in Pueblo, and is the property of The Colorado Fuel and Iron Company, and when complete will cost about four hundred thousand dollars; the ambulance barn alone costs twelve thousand dollars. There is a large residence on the grounds for the physicians and their wives (if they happen to have any), a laundry, a lounging- and smoking-room for patients, a building for contagious diseases, five wards, and an administration building, all of which are separate buildings, and are connected with the administration building by telephone, with the exception of the wards, which are connected by corridors and inclines instead of stairs. The wards are two-stories and are ventilated by indirect heat and the fan system, similar to that used in the Johns Hopkins. The largest wards contain four beds only, and there will be beds for about two hundred patients. This is only a brief outline of the work this company is doing for the men they employ. We are now seeking a nurse to act as a visiting nurse for the different camps. Perhaps you may know of some nurse who would like such work. It would be a great work for any woman to be able to find her way into the hearts of these poor people. Sincerely yours,

JENNIE S. COTTLE,  
Chief Nurse.

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[LETTERS to the Editor must be accompanied by the name in full and address of the writer, otherwise such communications cannot be recognized. The name need not appear in the JOURNAL unless so desired.—ED.]





## EDITOR'S MISCELLANY



### INTERNATIONAL UNITY ON STATE REGISTRATION

(Mrs. Bedford-Fenwick's Editorial in the *Nursing Record* of October 26)

NOTHING has more effectively proved to us the progress of nursing organization in the United States than the contrast between its condition on our last visit in 1893 and that which now prevails. In 1893, with the exception of one small society of nurses, there was no organization of nurses in America, and legislation—i.e., their registration by the State—was not in the sphere of practical politics.

To show how rapidly organization has taken place, and upon what an effective basis, it is only necessary to mention that both superintendents and nurses have now their National Associations, that every training-school of any standing has its Society of Graduates, and also that State associations are now rapidly being formed for the purpose of obtaining legislation. Without doubt the most important feature of the recent International Nurses' Congress was the unanimity of the American matrons present and of upwards of five hundred trained-nurse members and delegates on the question of the fundamental need for State registration of nurses. Nothing could have been more logical than the paper on this question presented by Mrs. Bedford Fenwick to the Congress, nor more forcible than the quiet dignity with which Miss Isabel McIsaac, president of the Congress and superintendent of the largest nurse training-school in the United States, proposed from the chair the resolution in favor of State registration of nurses drawn up by the Organizing Committee of the Congress.

Neither is it possible to minimize the significance of the fact that this resolution was seconded by Miss Isla Stewart, the matron of the senior Royal Hospital in the British Empire; that it was most ably supported by Mrs. Hampton Robb, the acknowledged leader of nursing organization in the United States; by Miss Snively, the most influential and progressive superintendent of nurses in the Dominion of Canada, and Miss McGahey, the lady superintendent of Prince Alfred Hospital, Sydney, without doubt the most active and deeply respected matron in federated Australia, who not only supported the principle and stated the action taken by Australian nurses on this question, but also spoke for Mrs. Neill in the neighboring colony of New Zealand, whose splendid efforts to effect legislation have, we believe at this moment, been crowned with success. The forcible arguments advanced by all these experienced women as to the necessity for State registration of nurses are unanswerable, and the most determined opponent of legal status for trained nurses can bring forward no argument which can in the slightest degree minimize the importance of this unanimity of thought and purpose among the leading superintendents of nurse training-schools in every country where nursing has attained to the dignity of a skilled profession, nor suggest for an instant with any hope of convincing the public that the women who have come out of the ranks to support this resolution are not eminently competent to form an opinion on this question or that they are actuated by any other than the highest motives.



The importance of this unanimous vote in support of the State registration of nurses cannot any longer be ignored by those who are responsible for the education and status of trained nurses and for the care of the sick.

We hope, therefore, that for the future all party spirit will be eliminated from the discussion of the question, and that a united effort will be made by all those interested in the ennobling and beneficent work of nursing to approach it in a liberal and generous spirit.

We give below the resolution, which was passed enthusiastically and unanimously by the Congress, standing:

"WHEREAS, The nursing of the sick is a matter closely affecting all classes of the community in every land;

"WHEREAS, To be efficient workers nurses should be carefully educated in the important duties which are now allotted to them;

"WHEREAS, At the present time there is no generally accepted term or standard of training, nor system of education, nor examination for nurses in any country.

"WHEREAS, There is no method, except in South Africa, of enabling the public to discriminate between trained nurses and ignorant people who assume that title; and,

"WHEREAS, This is a fruitful source of injury to the sick and of discredit to the nursing profession. It is the opinion of this International Congress of Nurses, in general meeting assembled, that it is the duty of the nursing profession of every country to work for suitable legislative enactment regulating the education of nurses, and protecting the interests of the public by securing State examination and public registration, with the proper penalties for enforcing the same."

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### A SCHOOL FOR HEALTH OFFICERS

A NEW departure in educational lines recently occurred in Burlington, Vt. This was the gathering together of those interested in sanitary science in that State into what is called a "School for Health Officers." This school was provided for in a law recently passed, and is held under the auspices of the State Board of Health. Every health officer in the State is expected to attend this school, he being paid per diem and mileage. Others interested in sanitary matters were invited to this first meeting, although only the health officers received any remuneration. Topics of interest to health officers were the main subjects considered, and these covered a variety of questions. From reports of this meeting one is impressed with the fact that it has proved to be one of practical value, the papers and discussions being such as would help to give the health officers in attendance a thorough knowledge of the work they are supposed to look after and undertake. Health officers nowadays, if they are fit for the position they occupy, must have a broad comprehension of their duties and be thoroughly versed in all that pertains to the prevention of disease. They need something more than ordinary medical training. Perfect sanitation consists of good drainage, proper disposal of sewage, correct plumbing, perfect ventilation, wholesome water, pure milk, and much more that is outside of what the general practitioner is supposed to know. Until the time comes, if it ever should come, that men should be educated for this particular calling, it would seem that such a school as the one held in Vermont will soon



become almost a necessity. Certainly, it is something that is worthy of imitation, and it is hoped that other States will follow the excellent example.—*Journal of the American Medical Association.*

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### MRS. MARY A. BICKERDYKE

MRS. MARY A. BICKERDYKE, of army fame, died at Bunker Hill, Kan., November 8, at the age of eighty-four. She was known in Grand Army circles as "Mother" Bickerdyke because of her services as a nurse during the Civil War. The funeral will take place on Sunday, and on Monday the remains will be taken to Galesburg, Ill., for burial. At the outbreak of the Civil War Mrs. Bickerdyke enlisted as an army nurse. She saw her first battle at Fort Donelson, and from that time on was continuously in the service.

Mrs. Bickerdyke (Mary Ann Ball) was born July 19, 1817, of Mayflower ancestors, in Knox County, O., near the present city of Mount Vernon. At the age of sixteen she went to Oberlin to complete her education, attending Oberlin College and working for her board. Later she moved to Cincinnati, and volunteered as a nurse in one of the city hospitals during the siege of cholera in 1837.

At the latter place she acquired that knowledge of medicine and skill in nursing which made her services of such great value in after years. She married at Cincinnati in 1847 Robert Bickerdyke, a musician, who was a member of the orchestra that played with Jenny Lind on her trip through the country.

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### A VERY PLEASANT OCCASION

MISS MARGARET MCKINLEY and Miss Marjorie McAllen, superintendent and assistant superintendent of nurses respectively, have severed their connection with the Missouri Baptist Sanitarium of St. Louis, Mo., which took effect the 15th inst. Having endeared themselves to the nurses under them, a farewell reception and musical was planned for them and held the 8th inst., and it was a most enjoyable affair. A very pretty part of the programme was the presentation of a set of silver teaspoons and a silver bread-plate to Miss McKinley, and a gold crescent brooch with pearl settings to Miss McAllen. Dr. Paul Y. Tupper, one of the staff physicians, made a unique presentation-speech—a very happy one indeed—on behalf of the nurses. Refreshments were served after the conclusion of this part of the programme, and the remainder of the evening was spent in a social good time. Many friends of the nurses and others were present.

Miss McKinley and Miss McAllen will conduct a nurses' home and registry at 3943-A, Olive Street, St. Louis.

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### FEW NURSES IN CALIFORNIA

MISS GERTRUDE BARNES and Miss Alice Bagley, graduates of the Cleveland General Hospital, have returned to Cleveland from a trip through California of several months' duration. They thoroughly enjoyed their visit, but would not be satisfied to live in the Far West. They report that few nurses are to be found in California, and that the public has not, as yet, learned to appreciate the "graduate nurse."



### A NEW CLUB-HOUSE

ON October 22 the nurses who have recently moved into their new home on Wilson Avenue, Cleveland, O., gave a house-warming in the nature of a reception. Fifteen nurses from almost as many different schools have united their efforts and, with the help of a housekeeper, have made a very cosy home for themselves. Over fifty nurses took advantage of the opportunity given them of meeting other Cleveland nurses, and the reception in every way was thoroughly enjoyable.

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### WINTER STUDY COURSE OF THE ASSOCIATED ALUMNÆ OF NEW YORK CITY

SIX of the alumnae societies—viz., the New York, Bellevue, Presbyterian, St. Luke's, Roosevelt, and Post-Graduate—have united, as in previous winters, and planned a study course beginning on January 10 and continuing weekly for ten weeks. There will be excursions to a model dairy farm, to the place of a manufacturer of surgical supplies, to the immigrant station at Ellis Island, etc., and the course will also comprise lectures on sociology and current events.

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WHY is it that so many graduate nurses engaged in either institutional or private nursing get into the aggressive habit? Life is so much more worth living if that spirit be replaced by one of willingness to meet the wishes of others.

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MISS C. A. McLEOD, a graduate nurse, Class of 1890, from the New England Hospital, has purchased Dr. Hoskins's private sanatorium at 97 Francis Street, Brookline, Mass., and will receive patients from physicians.

The sanatorium is very pleasantly located in a quiet part of Brookline, five minutes' walk from two lines of electrics. It is home-like and equipped with every convenience for the comfort of guests. The rooms all have open fireplaces, are large, sunny, and well furnished. Each patient can have a private trained nurse or attendant. Special arrangements are made for those requiring only a place for rest and quiet. Baths, electricity, and massage are among the aids employed to restore health. Patients are under the care of their own physicians. Sufferers from contagious diseases are not admitted.

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THROUGH the efforts of the women's clubs of Orange, a woman health inspector, Mrs. Elizabeth M. Devine, has been appointed by the Board of Health at the nominal salary of one dollar a year. The committee, representing several women's clubs, which secured the appointment plans to pay a salary to the inspector.

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THE Associated Charities of San Francisco has added to the organization two visiting nurses, whose services will be freely given whenever required by the poor families who shall come to the notice of the society. The expense of this work is borne by voluntary contributions. The society has secured also the coöperation of a number of prominent physicians, who will give their services to the sick poor.



**MARRIED**

MISS HARRIET VAN HOOK, a graduate of the Cleveland Homœopathic Hospital, was married September 25 to Mr. C. C. Monroe, of Danbury, Neb.

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**OBITUARY**

DIED at San Francisco, Cal., on July 1, 1901, Mrs. Frederick Hellberg (née Lucy Warwick), graduate of the University of Pennsylvania Hospital and a member of the Alumnae Association.

"WHEREAS, The members of the Alumnae Association of the Training-School of the Hospital of the University of Pennsylvania have learned with sincere sorrow and regret of the decease of their classmate and member, Mrs. Hellberg;

"WHEREAS, The members of this association deem it proper that action should be taken in regard thereto; therefore, be it

"Resolved, That in the deceased, Mrs. Hellberg, the members have lost one who has always shown loyalty, love, and devotion for her work, endearing herself to fellow-nurses, patients, and friends alike, and by her unselfishness and sweet disposition making all love her with whom she came in contact.

"Resolved, That a copy of these resolutions be sent to her family, be entered on the minutes of the association, and published in *THE AMERICAN JOURNAL OF NURSING* and *The Trained Nurse*.

"NELLIE M. CASEY,

"MARGARET G. FAY,

"J. HARRIET MORAND,

"Committee on Resolutions.

"October 28, 1901."

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MISS LULA BARTLEY, a graduate of the Class of 1900, died at her home near Butler, Pa., on Monday, October 21. Miss Bartley was much loved by all who knew her. She had only been ill with appendicitis a short time, and the news of her death came as a shock to her friends.

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# EDITORIAL COMMENT



## WHAT WE REPRESENT

At the Annual Council of the Guild of St. Barnabas, held at Chicago during the second week of November, this organization decided to discontinue the publication of the *News Letter* and make THE AMERICAN JOURNAL OF NURSING its official organ.

The JOURNAL now stands as the official organ of the four great National Associations of Nurses in America, viz.:

The Associated Alumnae of Trained Nurses of the United States;

The American Society of Superintendents of Training-Schools for Nurses;

The Order of Spanish-American War Nurses;

The Guild of St. Barnabas.

Through these four organizations we represent the professional, the educational, the patriotic, and the religious life of the nurse, and as the Guild of St. Barnabas includes in its membership clergymen and a large associate membership of non-professional women, we spread the knowledge of our professional aims and aspirations, while we receive from them inspiration for the higher religious life, which is too often neglected in the pressure of nursing work.

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## STATE REGISTRATION

We have given in another column Mrs. Bedford Fenwick's editorial on the Congress, published in the *Nursing Record* under date of October 26, in which she quotes Miss McIsaac's resolution in favor of "State registration."

We feel sure that those of our readers who were privileged to hear Mrs. Fenwick speak at the Congress will be interested in reading her able résumé of this most important subject, and we cannot give a better setting to the resolution than she presents.

Two years ago we would have said without hesitation that the nurses of this country were divided on the question of registration, but through the influence of our organizations and of the nursing journals the sentiment of the women of the profession has undergone a marvellous change. We stand to-day united in the belief that "State registration" is necessary for our progress; that without it we remain stationary; retrogression, under these circumstances, being the inevitable result.

To our knowledge, the nurses of five States are taking decided steps along this line.

The New York State nurses held a meeting in Albany on April 16 of this year. At this meeting that crucial problem, What shall constitute membership in the society? was left an open question until a future time. The second meeting, which it was then expected would be held in Buffalo during Congress week, was postponed, and is to be held in New York during the month of January, time and place to be announced later.

On June 13 the Virginia nurses held a convention in Richmond, and on



July 6 the nurses of Illinois held their first meeting towards State registration in Chicago.

New Jersey is agitating, and Kentucky, really the first State to move, we have not recently heard from. We understand that their first bill before the Legislature was defeated, but that the nurses are not discouraged by this failure.

An informal meeting of the New York State nurses was held during Congress week, when a general discussion of the eligibility problem took place, but no definite conclusion was reached. It was here brought out that Virginia and Illinois had decided to organize on individual lines, and not by representation by delegates from organizations. Right here we are confronted by two of the most vital questions which have yet been presented to the profession for solution, which are, What minimum of education, age, and moral qualifications shall constitute a trained nurse? and, What class of hospitals shall we recognize as possessing facilities necessary for the proper education and training of nurses?

Our two national organizations, "The American Society of Superintendents of Training-Schools" and "The Associated Alumnae of Trained Nurses of the United States," have held rigidly, in the past, to the standard of a general hospital training, with a two-years' course in a hospital of not less than fifty beds. Unquestionably, the rigid adherence to these lines has done much for the educational and ethical advancement of nurses, but these standards, while most important in their place, are hardly broad enough when we come to the subject of State legislation.

Into the State organizations comes the question of politics, and here we have the attendants of the State hospitals for the insane, the nurses of the sanatoriums, the nurses of the small general hospitals, and the nurses of the special hospitals, all claiming the same legal rights as the graduates of the larger general hospitals to participate in this movement.

How are we to fix a standard by which a trained nurse shall be eligible for membership in a State society when we have no educational basis upon which to build?

From a purely political stand-point the individual membership has many advantages, as we shall need the political support of each and every woman in order to overcome the opposition which we are likely to meet when we apply for legislative action.

On the other hand, such an organization is most unwieldy, and concentration of power usually means more clearly defined business methods and better practical results.

Representation by delegates from nursing organizations would undoubtedly be the simplest way to go about this work, but, unfortunately, our existing organizations are of a character which makes this plan impracticable.

The majority of our societies, the alumnae associations, while valuable in their place, are organized upon a basis which would seem to exclude them from State representation.

These societies include in their membership residents of perhaps a dozen States, who, as the constitutions now stand, would have a perfect right to influence their society in its action on State matters. Then, again, these alumnae associations are confined almost exclusively to the large nursing centres, leaving the outlying districts without means of representation.

Representation from the general or county club is the legitimate form which should be followed, but here we come against the fact that there are only half a dozen of such clubs in the whole country.



We make the suggestion that county clubs being, for the present, so much in the minority, membership shall consist of delegates from any kind of a nursing organization, provision being made that non-resident members shall not be permitted to take active part in State matters, nor isolated individual nurses, until such time as there shall be ten individual members in a county, when for further representation they shall be required to organize and send a delegate.

This is somewhat upon the lines upon which some of the medical associations have been established, and is a modified plan of one of the many considered at the New York State meeting in April. It seems to us the most desirable for practical results, but the question, "What shall constitute a trained nurse?" still remains unanswered.

Our standard must be clearly defined before we can advance a step further, as "What do you mean by a trained nurse?" will be the first question with which we shall be confronted when the bill for registration is presented to the Legislatures of the several States.

A false step at this point in our history may mean years lost to progress. We are not working for ourselves in this matter, but for those who are to come after us, and we need to go slowly, not permitting personal gain or partisan strife to have a place in this great movement.

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#### AN INTERESTING DELEGATE

AMONG the foreign delegates to the Congress there was no one woman who was listened to with greater interest, respect, and deference than Miss Catherine J. Wood, a delegate from fourteen different nursing organizations in England, and at the present time the managing director and principal owner of the "Nurses' Hostel" in London. Miss Wood is no longer a young woman, having been a nurse since 1863, and her great experience, her plain common-sense, and her clearness of diction made her one of the most interesting speakers of the occasion.

Her paper, entitled "A Retrospect and a Forecast," given in the present number and read at the Temple of Music on the afternoon of the closing exercises, September 21, was one of the most interesting of the papers presented at the Congress.

Miss Wood, who is one of the pioneer nurses of England, believes in nurses and in the future of the nursing profession.

She does not hesitate to show the foibles and defects that are to be found among the women in our ranks, and believes that in our professional work we will always be subordinate to the medical profession, but that in every matter outside of the direct and immediate treatment of the patient we must be an independent body of workers, organizing and managing our own societies, providing our own homes and club-houses, and establishing for ourselves such ethical lines as are necessary and best in our relations with the patient, the physician, and one another.

In this country we have so far avoided the mistake of organizing in conjunction with medical men or laymen. We only know of one important organization among nurses which has a physician for a president. This is, of course, excluding the "Guild of St. Barnabas," which is a religious, and not a purely professional society.

We go farther than Miss Wood in her forecast for the future, and believe that when we have obtained "State registration," preliminary education on the



basis of that provided for the members of the other professions, and recognition with the other professions, that our position in relation to medical men will undergo a change.

In the long years to come, when all of these problems shall have, by degrees, worked themselves out, the trained nurse will rank, not as the subordinate of the medical man, but as his associate.

Already to the surgeon and the neurologist she is indispensable, and in this connection she has been called "the handmaiden of science." But this marvellous change will not take place until long after the women of to-day have passed over to the great majority.

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### INSURANCE

MISS DELIA KNIGHT's article in the October number, entitled "Prophylaxis of Poverty," has brought forth a number of vigorous protests from insurance companies on the ground that she has been in a measure unfair in her representation of the comparative merits of life-insurance and savings-banks as a means of protection for one's old age.

We do not profess to judge of the rights in the case, as it so happens that personally we have not given the subject of insurance very especial consideration as a means of investment; but we would like to say to nurses that a matter of such serious import should be carefully and thoroughly investigated, and the advice of more than one person considered, before investments of any kind are made.

The fact that life-insurance is so universal among business men speaks loudly in its favor, but whether it is the wisest thing for a woman whose income, from the nature of her work, is uncertain, is the point for each individual to decide for herself.

We give in another column the experience of a nurse who has tried it, and we think there is much yet to be said on both sides of the question.

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### UNIFORMS IN THE STREET

THE little paper by Mrs. Lockwood on the subject of uniforms is timely. In this country wearing the uniform in the street is becoming far too commonly the custom in some places. This is objectionable for several reasons. It attracts attention, making the wearer conspicuous. For this reason the discharged pupil and the quack nurse always wear it, because it is the only way by which they impress the public with the idea that they are "trained nurses." It is contrary to a proper sense of the fitness of things, which governs the most intelligent people. Imagine a nurse in her indoor uniform, with a giddy hat, taking dinner alone at a public restaurant, or at the theatre in her outdoor cloak, under which she wears the indoor uniform, and again the outdoor cloak with a gay theatre costume underneath? There can be only one motive for such incongruous attire.

We think the trouble begins in many schools by allowing the pupil in training to go out into the street in her house uniform,—for even when she is allowed to go only around the square she becomes accustomed to being stared at. She is apt to put on her best hat,—perhaps because she has only the one,—and the foundation is laid for that lack of a proper sense of propriety in dress which we are deploring.



## CHRISTMAS AGAIN

THE Christmas season is upon us again, and all sorts and conditions of people are for the time being putting aside selfish things and considering what they can do that will bring happiness and pleasure to others. Presents for those near and dear to us are easily provided for, according to the length of our purses, but almost everyone hesitates as to whether or not it is best to send a simple, inexpensive gift to a friend at a distance "who has everything," rather than to allow the day to pass without our Christmas greeting. This is an occasion when it is fair to "put yourself in his place." If we value the pretty or useful trifles that come in with the mail on Christmas morning, we may be very sure that our friends do the same, and may be governed accordingly. The writer has a half-dozen handkerchiefs that have come to her in Christmas letters from as many different friends, and in the haste of her morning toilet, or the rush of dressing to go out later in the day, the fresh handkerchief, if it happen to be one of these, seems to bring the face of the giver for a moment before her eyes. It is, after all, by the little gifts and graces that we live in the hearts of our friends, and nurses, whose lives are necessarily isolated, cannot afford to neglect the little tokens of Christmas remembrance.

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## JANE TOPPAN NOT A TRAINED NURSE

THE nursing profession has recently been greatly startled by the "sensational newspaper" reports that the Jane Toppan accused of causing the death of twelve persons in as many months is a "*trained nurse*." This woman was at one time a pupil in the training-school of the Massachusetts General Hospital, Boston, but was "discharged for cause" in the year 1891. She was immediately taken up by physicians in good standing in and about Boston, given work, and has posed as a "trained nurse" in that vicinity for ten years.

Here is another instance of the disloyalty of many medical men to the graduate nurse, and an illustration of the crying need of her protection from such injustice by means of State registration. How can we expect the general public to discriminate between the genuine nurse and the fraud who wears her uniform, when physicians seem to regard one with as much favor as the other?

We hope this disgraceful circumstance will rouse the nurses of Massachusetts to action towards State registration. The more universal the movement throughout the country, the greater probability of success to all. We do not profess to judge of the justice or injustice of the charges brought against Miss Toppan. We deplore the fact that in the eyes of the world the profession of nursing must bear the disgrace of a scandal brought upon it by a woman not belonging within its ranks.











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ISABEL HAMPTON ROBB

Retiring President of the Associated Alumnae of Trained Nurses of the United States



# THE AMERICAN JOURNAL OF NURSING

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## ISABEL HAMPTON ROBB

Late Principal of the Training-School for Nurses of the Johns Hopkins Hospital,  
Baltimore; Retiring President of the Trained Nurses'  
Associated Alumnae of the United States

By EDITH A. DRAPER

THE subject of the following sketch needs no introduction to the readers of THE AMERICAN JOURNAL OF NURSING. To adapt the Scripture to our use, we may say, "By her works ye may know her."

Though the country of her adoption has seen her best work, Mrs. Robb is a Canadian born and bred, of English parentage, and for the old home on the other side of Lake Erie a love lingers which will only die out with life itself.

It was in 1881 that Mrs. Robb, then Isabel Adams Hampton, entered the Training-School for Nurses connected with Bellevue Hospital, New York. At that time the schools for nurses were few, and Bellevue held the first place among them. The rapid multiplication that has taken place in the last twenty years is well known, but the choice of schools—now so wide—was then limited to a half dozen or so.

Miss Hampton was below the desirable age, but of such excellent physique and character so formed that youth was more than balanced, and the good judgment of Miss Perkins, then superintendent, was responsible for retaining for Bellevue a name which has brought honor to the old school.

The year following graduation Miss Hampton went to Italy for eighteen months, to nurse in connection with St. Paul's House for Trained Nurses in Rome. During this period newer and wider experiences of many things were gained. The benefits of foreign travel were not lost upon Miss Hampton. Her duties took her to all the principal cities of Italy besides those of Germany and France, and she returned to America in 1885 with ideas enlarged, ambition kindled, and energy



aroused for the accomplishment of work which was to be of lasting benefit to herself and her profession.

Not long after her return from abroad the Illinois Training-School, Chicago, was in need of a superintendent, and the position was offered to and accepted by Miss Hampton. This was an arduous undertaking for so young a woman.

The school was controlled by a board of lady managers, and a yearly contract was entered into with the authorities of Cook County Hospital for the nursing of its wards. The hospital, which was under the thumb of politics, was managed as might be expected. At every annual election every thing and person was demoralized. If elections went contrary to the then ruling party, every employé of the hospital, from warden to cooks, received notice of dismissal, and an annual effort was made to eject the nurses also. But here political influence ceased, and the school was and still is the redeeming feature of an otherwise politically corrupt institution. During Miss Hampton's term of superintendence there several more of the hospital wards were handed over to the care of the nurses, and by her judicious engineering the commissioners were induced to concede many long-needed improvements. At her request in 1888 the nursing in the Presbyterian Hospital was undertaken by the school in addition to that of the Cook County Hospital, and an increase in the staff was necessary, bringing the total of nurses to about one hundred.

Under Miss Hampton's administration the tone of the school was raised. For the first time in any training-school a graded curriculum of study and instruction was planned and enforced, private nursing during training done away with, and many minor improvements made, so that when in 1889 she left Chicago to organize the Training-School at the Johns Hopkins Hospital, the Illinois Training-School was in a flourishing condition, its sphere of usefulness enlarged, and its standing as a first-class training-school unquestioned.

Miss Hampton's work during her five years at the Johns Hopkins Hospital needs little comment: the school speaks for her. Her power of organization had here full play, and the school at once took its stand in the front rank, the many advantages in connection with the Johns Hopkins Hospital enabling Miss Hampton to realize her ideas of reform and make the school the leading one in the path of progress.

The organization and superintendence of this Training-School by no means exhausted Miss Hampton's superabundant energies, and it was during this time the "Principles and Practice of Nursing" was given to the public, a work so well known to all nurses that my unpractised pen need not dwell upon its merits.



In June, 1894, Miss Hampton resigned her position at the Johns Hopkins Hospital, and on July 11 of the same year was married to Dr. Hunter Robb at Saint Margaret's Church, Westminster, London. Since her marriage Mrs. Robb has continued to take the same untiring interest in nursing affairs. The Society of Superintendents of Training-Schools, founded in 1893, owes its existence primarily to Mrs. Robb's enthusiasm and far-sightedness, and to her energy is due the course in hospital economics at Columbia University, where those of the profession aiming at becoming superintendents may equip themselves more thoroughly for responsible and arduous positions.

Neither has her pen been idle, and in "Nursing Ethics" we find that intense and earnest love of her profession which characterizes her whole life's work. No lukewarmness nor half-heartedness would suit her, but with heart and mind, soul and strength, she has devoted herself with singleness of purpose to the task which lay before her.

Since its organization (in which Mrs. Robb took a prominent part) the Associated Alumnae of Trained Nurses has known no other president, and Mrs. Robb's recent resignation of that post is a matter of great regret.

No scheme for the benefit of the nursing profession has been set on foot without Mrs. Robb's hearty coöperation, and although now withdrawing from so much active work in the association, I will venture to state that Mrs. Robb's interest will not wane. "Once a nurse, always a nurse," is most happily exemplified in her career.

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## A CHRISTMAS CAROL

By MINNIE D. WILBUR

Chicago

It was just past midnight, and church-bells here and there were sounding out over the sleeping city the birth of another Christmas Day, when a tired and sleepy visiting nurse was roused by a knock on the door.

Throwing on a cloak, she asked, "What is wanted?"

A man's voice answered, "My wife, she needs somebody."

"Have you called the doctor?"

"No."

"Go to the next corner, over the drug-store, the one with the three red lights, ask Dr. Goodspeed to go to your house as soon as he can, then come back here and I will go with you."

Soon the man returned, and they went together down the street. She asked him a few questions, and then they walked on silently.



The visiting nurse had gone to bed feeling sad and lonely and without much hope of gladness for the Christmastide.

She thought as she walked along how much care and trouble and sorrow there is in the world, for half of humanity at least, and a feeling almost of rebellion took possession of her. She noticed a few feathery flakes of snow coming down, and that the stars looked misty and the moon had a ring around it. A few faint peals still rang out in the distance.

Presently they reached the house and went in. The room into which the man led the visiting nurse was bare and cheerless, even destitute, little more than a manger. On a poor bed lay a woman with pale face and pleading eyes, and by her side was a new-born babe. Soon the doctor came, performed his offices, left his directions, and went away.

The visiting nurse found plenty of work for hands, head, and heart. As she worked her interest increased, and a new power seemed to come to her. She realized more than ever what a labor of love and mercy she was doing. Her heart went out to these two humble creatures so dependent upon her.

The babe, so small, so helpless, appealed to all the mother in her, and she longed to call him her own. She resolved that this hovel should be the shrine of her devotions for the day.

The woman could speak very little English, so the visiting nurse worked silently, excepting when she asked the man to do or bring something. Once during her work she paused to look out of the window, and saw that a light fall of snow had laid a covering of white over everything and the morning star was shining brightly in the east.

By the time her labor was finished, her efforts, with the help of the man, had brought about an aspect of something like comfort, but even then the bareness of the place smote upon her. She found that the man had a little money. She prepared food for the mother. Then, taking her book and pencil, she asked the woman her name.

"Mary Murillo."

"And yours?"

"Joseph Murillo."

She stepped to the window, that the two might not see the tears which gathered in her eyes.

She gave some directions to the man, promised to come again in the afternoon, took up her bag, and went out.

Daylight had come and the sun was so dazzlingly bright that the snow glittered here and there like diamonds.

A strange, sweet feeling of peace and wonder and good-will towards all mankind stole over the visiting nurse as she walked along, making



her heart and feet so light that she seemed scarcely to be walking on the snow, but rather gliding over the earth.

She had not gone far when she heard voices singing. Coming nearer, she found it was a band of evangelists singing Christmas carols. She stopped and listened, and this was what they sang:

“O sad hearts, mourn no more forlorn,  
For unto you each year is born  
The Saviour of all men.  
A King, despite His humble birth,  
He rules with love o’er all the earth,  
Then welcome Him again.

“His power, though sure, is sweet and mild,  
He is as gentle as a child,  
And yet a mighty King.  
He shows a right for every wrong,  
He gives a life of light and song  
To every living thing.

“His crown of thorns to olive turns,  
And in His kindly eyes there burns  
The joy that comes through pain.  
Though centuries have rolled away,  
He lives and gives to us to-day  
A love that cannot wane.

“Oh, hark! oh, list! when steeple bells  
Ring out the message sweet, which tells  
All hearts to beat akin.  
Throw wide your doors in hearts and homes,  
Light every wanderer that roams,  
And let the King come in.”

When they had finished the visiting nurse went up to them, gave a coin to each, and, showing them the place she had come from, asked them to go and sing before the house.

Then she walked on towards the place where she lived. She no longer felt tired or sleepy or sad or lonely. The world seemed transformed, she herself transfigured, beatified.

Reaching her own room, she dropped on her knees and thanked God in humility and gratitude for the joy of His presence.

Later in the day she returned to the spot which occupied all her thoughts, and found there the things she had sent to add comfort and cheerfulness to the dull room. There was a rug and a rocking-chair which someone had given her to dispose of; there were cheap white curtains and a bright, blossoming plant for the window; there were



some old papers with attractive pictures. Two of these pictures she cut apart and pinned upon the wall. One was a Madonna and Child, and the other a group of reapers mowing and singing. She had bought a clothes-basket, and with cotton and cheesecloth and the simplest of furnishings made a warm bed for the baby.

At last the visiting nurse looked about and surveyed her work. The room was neat; the fire burned brightly; the bed was clean; the mother looked contented; the father looked the satisfaction he could not express. The baby was sleeping. Once more the visiting nurse took up her bag and with a smile said, "I will come again to-morrow. Good-by."

The peace which passeth understanding had entered her soul to abide there forever. They named the child Immanuel.

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## AN INCIDENT

By M. E. H.

(PLACE, Cuba; *date*, November, 1901; *time*, eleven-thirty P.M.)

A large building, sombre-looking in the darkness of night, stands between "La Cumbra" and the sea. Faint lights flitting here and there, subdued voices, with occasionally a forceful moan breaking the stillness pervading, betray the location of the hospital.

Outside the grounds all *seems* quiet, as if Nature in putting on her nightcap had induced the people in the vicinity to follow her example. The air is cool and clear, the stars in myriad numbers shine with a brilliancy peculiar to southern skies, silently telling their message.

A nurse, or, as she is called in Cuba, "the guardian of the night," filling the position of night supervisor, comes out of the hospital wards on to the balcony, which runs on the three sides of the inner court of the patio, and pauses a moment at one of the large openings in the wall, outlined by an arch, and looks down the road towards the sea. She hears English-speaking voices and listens. The silence that preceded her coming has passed, and voices, loud, angry, and confused, ring out snatches of popular songs and smothered oaths, which tell the tale of the location of one of the snares and pitfalls of the American soldier, planted, since the abolition of the army canteen, just on the border of the military post.

The place is frequented by those whose tastes are convivial, who strum on the piano placed there as an attraction and try to forget their woes in discordant sounds or forced mirth.

"The pity of it" appeals to the nurse's serious mind, and she thinks of the mothers whose sons these are, of sisters whose brothers have so



often left them to mourn alone, and of the effect of a life like this upon the unsophisticated youth, the recruit of the army corps, exposed to such degradation for the first time.

Suddenly a voice, perhaps more steady than the others, rings out the words of the familiar hymn,—

“Nearer, my God, to Thee, nearer to Thee.”

Though at first a shudder passes over the nurse at the apparently blasphemous sound, she notes the absence of jeer or jest and listens intently. The voice, gathering in strength and volume, reaches the words,—

“E'en though it be a cross that raiseth me,”

is strong with emotion.

Reënforced by other voices, broken, scattered, yet filled with sincerity, the refrain bursts forth with added strength and rings clear in the pure night of heaven,—

“Nearer, my God, to Thee, nearer to Thee.”

A hush followed, and slowly, one by one or in small groups, she sees the unsteady forms pass out through the saloon-door and disappear in the darkness.

Alone the nurse stands on the balcony in silence and meditates:

“Him we know not, Him shall we never know till we behold Him in the least of these who suffer and who sin.”

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## LEAVES FROM THE NOTE-BOOK OF A BELLEVUE NURSE

### LECTURE I.—DISEASE

WE take up the consideration of disease so far as it is positively useful to you in your work. It is quite necessary for one following your vocation to know what disease is, something of its etiology, or causation, something of its prevention.

#### DEFINITION OF DISEASE.

Disease is any departure from, or failure in, or perversion of the normal physiological action, in the material constitution, or in the fundamental integrity of the living organism.

#### ETIOLOGY, OR CAUSATION, OF DISEASE.

A few years ago, before the researches of Koch, Pasteur, Charcot, Virchow, and others were completed, the life of an animal or human being was thought to proceed from physico-chemical processes, and that



the starting of these processes began by spontaneous generation, and that life and all other things are started by something that is tangible, and not by an indefinite process, as the above. These discoveries have been made within the last thirty years. Before that time the physicians' entire aim in treating disease was to suppress or check the vitality that seemed to them to be running riot in a patient suffering from such a disease as fever.

They were trying to check what seemed to them to be increased activity of vital forces, the heart beating faster than normal, the pulse stronger and fuller, and the respirations faster and deeper. The brain and cerebral functions were stimulated to greater activity, and the latter often to such a degree that the patient became delirious,—that is, his brain was stimulated to a greater extent than he could think connectedly, so he got his ideas tangled up, as in delirium.

These physicians were then combating the symptoms, being entirely ignorant of the causation back of the process. Then came along the discovery for many diseases of a specific cause that could be demonstrated, and thus it was found that disease consisted of a perversion of the normal vital forces rather than a stimulation.

Causes are intrinsic or extrinsic,—that is, those coming from within and those coming from without the body. An example of an intrinsic cause is urea collecting in the blood in kidney trouble, lactic acid in rheumatism, and uric acid in gout. An example of an extrinsic cause is the bacillus of typhoid fever or diphtheria.

Causes are distinguished as ordinary, and special or specific.

The ordinary causes are the vicissitudes of the climate and weather to which we are all exposed, and which we are able ordinarily to resist.

The special causes are the ones that we will pay especial attention to,—namely, bacteria. In this connection I will explain a few terms that are in general use and which are not always understood.

An infectious disease is one which is caused by the invasion and reproduction in the body of a pathogenic micro-organism that is disease-forming. An infectious disease is contagious when the contagium,—is, the micro-organism,—can under ordinary conditions of life be freed from the body of the diseased person and produce the same kind of a disease. Many diseases, as tuberculosis, typhoid, and diphtheria, considered contagious, can by proper care be made simply infectious, and vice-versa. These contagious bacteria, or micro-organisms, may exist in a palpable state, as the contents of small-pox vesicle, or they may be in an impalpable form, as scarlet-fever. The former is known as a virus, or fixed contagium, and the latter as a volatile contagium, or miasm.

The word miasm is now only applied to a class of diseases known



as miasmatic, or malarial. An infectious disease may be taken from the lower animals, as glanders from the horse, tuberculosis from the cat or dog, and rabies from the dog. A venom is an element secreted by the glands of certain insects and reptiles which is poisonous, or pathological, to the human being but normal to themselves. There are other disease-producing agents which are neither venom nor bacteria, but are known as poisons, some irritant, as the mineral acids, arsenic, etc., and others having morbid symptoms peculiar to themselves, as opium, strychnine, etc.

#### BACTERIA.

A bacterium is a vegetable parasite. A parasite is any living thing that lives on or draws its sustenance from a living animal or living tissue.

There are two kinds, viz., animal and vegetable. The principal animal parasites are *Plasmodium malarie*, scabies, pediculi, etc. The principal vegetable parasites are bacteria.

A bacterium, then, is a simple microscopic vegetable cell containing protoplasm and a membrane around this. There are many different kinds, but the simplest kind of a classification is into pathogenic and non-pathogenic.

The first are those that produce disease, and the latter are those that do not produce disease, and we have under this latter class bacteria that live on dead animal tissue, known as saprophytes; then there are others that do not cause disease that are of little importance.

There is another classification that will be useful to know, and this is according to the shape of the bacterium, as follows,—round bacteria, or micrococci; rod-shaped bacteria, or bacilli; spiral-shaped, or spirillæ.

A bacterium causes disease only when conditions are favorable to its multiplication, as we are constantly breathing them into our lungs; but when there is no sickness following, the conditions ordinarily are not favorable to their multiplication. Bacteria grow or multiply in one of two different ways, viz., by division or fission, or by spore formation. In the first instance the bacterium begins to elongate, and in the middle an indentation occurs, this indentation deepening until there are two bacteria in the place of one. In the second instance a small granule appears in the protoplasm, or a number of them, that coalesce, and these gradually increase in size until the entire protoplasm is absorbed, and there is left a highly refracting body covered by a dense, tough membrane, and also the original membrane that covered the bacteria; this latter is soon absorbed and disappears, releasing the spore to grow and form other bacteria.



I speak of this in particular because bacteria that are propagated by spore-formation are the hardest to destroy, and have to be dealt with in a more thorough manner and with stronger disinfectants. The streptococci and staphylococci that cause suppuration, and perhaps the tubercle bacilli, come under this head.

(To be continued.)

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## WOMEN ON HOSPITAL BOARDS \*

By ISABEL HAMPTON ROBB

So MUCH has already been said on this subject that any additional remarks would hardly seem to be required, but the whole subject is one about which nurses, whether superintendents or others occupied outside of hospitals, should take pains to carefully inform themselves, for opportunities come to many nurses to discuss just such questions, when the right kind of knowledge would be of much value in helping either the individual or the public to reach correct conclusions regarding the administration of hospitals in respect to boards of women managers. This brief paper that I have the honor to prepare for the Congress it may be of some profit to devote to the consideration of our attitude of mind as a profession towards women on hospital boards, and to try to place a true value upon woman's services in such work, to consider her proper selection and the best methods of organizing her work, by which the most effective service may be rendered and harmony preserved for all. In taking an honest vote of our position towards the subject, it is safe to say, judging from opinions freely expressed in private and from our negative attitude in reference to it in public, that the vote from superintendents would be in favor of working in hospitals where boards of women managers do not exist. This feeling is perhaps partly due to the old-time belief in women's incompatibility to work with women (which, like all fixed traditions, dies slowly), and partly to the fact that, in some instances, this incompatibility has been experienced, and all such experiences, as we know, are swift in being carried from one to another, and are likely to leave a prejudice in the minds of the hearers. For less reason the feeling is usually shared by the staff of hospital nurses, not so much the result of any special comments they may have heard passed upon lady managers, or of any particular reasoning on their own parts, but because of an unsympathetic feeling respecting the matter that pervades the hospital, due, it may be, to the unspoken but negative attitude

\* Read at the Congress of Nurses, September, 1901.



on the part of their superintendent, and occasionally fostered by the thoughtless remarks of inexperienced, unthinking members of the hospital medical staff, who sometimes regard with suspicion the possibility of an outside interference in their own particular province. This feeling might be put in words something as follows: Visiting ladies are apt to be interfering, opinionated in affairs they cannot know very much about, busybodies, and stirrers up of trouble; therefore are to be regarded with suspicion and treated with scant or enforced courtesy. That some such feeling pervaded hospitals so long as twenty years ago I can testify, and it seems but yesterday as I recall with what apparent toleration the board ladies' visits were received in the wards by the nurses. In my own particular case, nothing but good to myself came of the only time when, as a pupil, I encountered a board lady. She came behind the screen where I was busy in "doing up" a patient, and, taking in some of the details, she abruptly put the question: "Can you comb a patient's hair so that it doesn't pull and hurt the patient all the time? There is not one nurse in a hundred who knows how to comb a patient's hair properly," and she passed on, leaving me with the determination to excel in at least that one point in nursing, so that I never after combed a patient's hair without giving special thought to her comfort, and the duty became a pleasant one. With superintendents, the true source of their objections to visiting ladies lies in a dread that their own ideas and ways may be interfered with or hampered, or that they may be disturbed by constant and untimely visits and by unnecessary solicitations for patients from any and all of the board. There are few of us but like to do our work in our own way, but where this work has to do so vitally with so many people, both well and ill, and where it is a public trust, to do it one's own way absolutely is not wise or best, and I am sure that the older we grow and the more experienced we become the more do we become of this mind, and are ready to welcome any and all arrangements that will help the work on and enable us to take a broader and more impartial view of it. To do the subject justice, we must, in the first place, take an absolutely impartial and impersonal view of it. The difficulty has been, and is, to be able to eliminate the personal equation, but this must be done, and only the question "Of what benefit are such boards likely to be to the hospital?" be allowed to influence us. As a matter of fact, in all hospital work, the more one can manage to keep self in the background and make the work and its best interests the first thought and consideration, the happier and the greater success one is sure to obtain, and sensitiveness and friction will seldom need to be dealt with. Were I to allow the personal feeling to predominate, I should frankly take the side against women serving on hospital boards,



as I did at a time in my hospital career before I had experienced both ways of working, and was not a fit judge on so important a matter. But, making the best interests of the hospital the first consideration, I unhesitatingly take sides in favor of women on hospital boards, and this decision is reached after personal experience in working, first in two of the largest hospitals in the country, where the administration of the hospital and training-school in each case was quite distinct, the former being entirely in the hands of men and the latter in those of women; later, in a hospital where the trustees were all men and the women were only an auxiliary board, giving lavishly of their time and means to procure materials and necessities generally for the hospital consumption, but having no voice in the management or direction of hospital affairs, not even to requiring an account of the disposition of the abundant materials supplied by them; and again, later, came the experience in a large hospital where everything in and about the place was administered and controlled by a board of men trustees; and, finally, it has been my privilege to work as a member of a board of women managers in a hospital administered by both men and women, the men in the capacity of trustees and the women as a board of managers. In addition to this, I have watched with keen interest the administration in all sorts and conditions of hospitals, both in this country and abroad, and the conviction has been constantly strengthened that women are needed in the administration of all such institutions, not just because they are women, or for any Women's Rights reasons, but because history shows their need and usefulness and the tremendous influence and part they have taken in establishing and improving hospitals all over the world, and because wherever the atmosphere of home is needed, there their presence is needed. And where should such an atmosphere be fostered so much as in a hospital, and how can this be done without women's many-sided views of caring for the home part? You all know the old saying, "Men may work from sun to sun, but woman's work is never done," and this is true, although men work out in the larger fields of the world, and her chief occupation lies in the home; but here she has also to do with men, women, and children, and with the thousand and one things we all know require attention to make a successful home and that are never ceasing, while a man's work lies upon straighter lines, as a rule, and his occupation in life demands, as the bread-winner, the greater amount of his attention; hence, in the matter of home details, he must depend on the women to take care of them, and so is unfamiliar with them; and the same holds true in hospital work. For the greatest success of the work both men and women are essential, working together understandingly, one to look after the financial part and such affairs



as more strictly come under men's knowledge and experience, and the women to look after the details and housekeeping part and such home affairs as women are more conversant with. But if we cannot have both, then I should without hesitation be in favor of retaining the women and letting the men go, for women have been proven no mean financiers or planners where the whole responsibility has rested with them, and from the stand-point of careful administration and economy they are undoubtedly far ahead of men trustees. One prominent example of which I can speak knowingly is that of the Illinois Training-School for Nurses, Chicago, organized by a few women for the purpose of bringing relief to the city's sick poor by introducing women nurses into the wards of the city and county hospital. It has now made for itself a name as being the largest school in the country, does the nursing in two of the largest hospitals, has steadily increased its plant as the need arose, has kept itself free from indebtedness, and is practically self-supporting; at the same time, for years it has been able to set aside a gift of fifty thousand dollars that had been given it for general use as a special fund, the income to be devoted to supplementing the cost of good nurses, who are supplied by it at small rates to people of moderate means. The school is a model of perfect cleanliness, order, and the good care of pupil nurses, all of which is the result of the management of a board of twenty-four women, and, I may add, whose efficient superintendent for years has been our honorable president, Miss McIsaac. It may be asked, do not the hospital nurses as women represent the home element in institutions? They undoubtedly do, but then their supervision is restricted chiefly to the wards, and the superintendent of nurses is usually the only nurse who has access to most parts of the hospital. If she combine the position of matron with that of superintendent of nurses, then she has undoubtedly greater opportunities, but the matron is clever, indeed, who possesses the experience and wisdom to manage all the details of the various departments as thoroughly, carefully, economically, and perfectly as they should be managed out of the fulness of her own capabilities. Besides, why tax and overwork one woman when by a little management and system she may be assisted or relieved of an unnecessary amount of detail by the willing coöperation of a number of other women? I have heard it stated by superintendents on different occasions that board ladies make more work and trouble than they save. When such is the case, the fault lies more with the superintendent than her board of managers. Naturally they cannot be expected to know all the ins and outs of hospital life, but with proper organization, and especially with coöperation on the part of the superintendent of nurses, they grasp the situation in a surprisingly short



time, and they bring many good and practical suggestions not only to their own particular duties, but for the good of the whole institution. But to accomplish this much-to-be-desired result three things are absolutely necessary: they are, hearty coöperation on the part of the superintendent of nurses, a properly selected board of managers which is properly organized and which has strictly defined duties. I put the coöperation of the superintendent first, for this is most essential, otherwise a house divided against itself must fall, or, at all events, the results will fall far short of the best. So far as it concerns the hospital, the same mind should dwell in all who have anything to do with it, and that is, everything done and said should be with the best interest and greatest good of the hospital always uppermost. All its work should be done from this stand-point. The desire to have one's personal opinions prevail should not be fostered. On the contrary, the power to see affairs from other people's points of view and to accept cheerfully and carry out faithfully any decision arrived at is to be desired. In the formation of a board of woman managers, many more things have to be taken into consideration than the superintendent of nurses may always realize or may be too inexperienced to understand, and in some instances it may puzzle her to know why certain women are members of such a board. The reasons for selections may vary according to the sources from which the hospital is supported. Some hospitals, as we know, are supported by religious denominations, others may be richly endowed by private bequests; the municipal hospital is supported out of the city treasury, while others are dependent solely for support upon general contributions, and to this last class belong the greater number of hospitals. At the same time, no matter how securely endowed, or how independent a hospital may be of its public, it is always well to have a number of people in the community who take a personal interest in it, who are jealous of its good name, who will stand loyally by it if it is unjustly criticised, who will use their influence to make friends for it, and who will watch that it is worthy of the favor and confidence of all who may seek its shelter for aid, and the assistance of women in these respects is far-reaching. In addition to this, the active coöperation of well-known women whose names stand for integrity and what is best in the community at once lifts any institution their names are associated with above reproach, and strengthens its officials in their endeavors in this respect. Again, where the aim is to have the good of the hospital as far-reaching as possible, and where this is dependent upon the generosity of the individual, it is well to have among its supports friends who can serve not only philanthropically but financially, and can influence others to give. Thus the society woman, the woman who is known for



her indefatigable good work, the good, practical, economical house-keeper, and the business woman can all find a fitting place on hospital boards, the main point being to make clear to them their usefulness, to define their duties and their privileges and restrictions, and a board divided into suitable committees with an Executive Committee composed of the heads of these various committees may be useful in many ways. As an instance, in the absorbing interests of the practical side of their work, nurses for want of time are apt to lose sight of the fact that there are other factors besides medicines, and the purely practical nursing and prescribing, that act as tonics and medicines in the restoration of health, and that convalescence may be retarded by the patient falling into an indifferent, listless attitude of mind unless proper provision is made against it. And what brightens up the patients more than the sight of a new face, the bringing in fresh flowers, a bright, entertaining story, a quiet game of some sort, seeing the magazine pictures, and perhaps the supplying of some light work for the fingers? All of such things a ward visitor represents, provided the nurses will coöperate far enough to keep her in touch with the patient's needs. Such measures are sources of real economy and greater good, for they undoubtedly hasten convalescence, and give place sooner to others who need the care more. Again, a good, practical, far-seeing superintendent who is in hearty accord with her committees on hospital and household supplies can hold their interest to such an extent that much will be provided that will be a distinct saving to the hospital finances, and from the stand-point of the nurse to have a certain number of women in the community already conversant with her ability and her ambitions to further district nursing, visiting nursing, or whatever form her future work may take, is only one of the many advantages that other women may be to her. I have, in the brief time allotted, but imperfectly given some reasons why women are in place on hospital boards, and I beg to close by repeating that it lies in the power of the superintendent of nurses, if she be a capable, experienced executive officer, to develop more and more the good work done by such boards, for our hospitals of to-day, although far ahead in some respects, still fall short of possessing that home atmosphere that makes patients forget they are within the walls of an institution, and which can only exist where the presence of woman and her aid is the most strongly felt.

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#### DISCUSSION.

The discussion on Mrs. Hampton Robb's paper was opened by Miss Mary C. Gilmour, superintendent of the New York Training-School for Nurses, Blackwell's Island, with special reference to the work of the



late Miss Louise Darche in having an Advisory Board of Women appointed at the above-mentioned hospital.

Miss Gilmour said:

"There seems to be such a diversity of opinion as to the usefulness or helpfulness of women on hospital boards that it is a difficult matter to know where to begin. People in general connected with hospitals feel that as a rule these women are not practical; they give too much attention to petty detail and not enough to the great object for which the work is going on—the saving of human life; that a misplaced chair or rug is in their eyes of greater moment and will excite keener criticism than the cause of the disorder, which may have been haste necessary in the performance of something of vital importance to a patient, and nothing can convince the visiting lady that she is unjust in her severe condemnation. As a nurse was heard to remark, 'There is no use trying to explain. Her mind is already made up. Appearances are against me.' On the other hand, people outside hospitals are of the opinion that women on these boards are an absolute necessity, that they supply the lack which is so apparent where only professionals are banded together, that doctors and nurses are so absorbed in their own work that anything which has not a direct bearing on the case in which they are interested is of little moment to them. Therefore it often happens that while one may find the immediate surroundings of a patient in immaculate condition, beyond that things are quite the opposite, and disorder reigns supreme, and scant consideration is shown to anyone who is not a 'case,' or necessary to the 'case.' To attempt, then, to control these two opposite factions and dovetail their work so as to make a harmonious whole of it is no easy task, and when it is accomplished the result is a very strong combination hard to break, and ideal conditions for discipline and progression are created. One such board working harmoniously with its institution is brought to remembrance to-day as an example of what such a body can do. This board was called into existence by one of our number since gone to her reward, the late lamented Miss Darche. This lady, called upon to undertake the duties of a superintendent in a school where men politicians held sway, found there one woman, a society lady of wealth and culture, whose advice was often taken on important matters connected with the school,—indeed, who had been the means of securing Miss Darche's own appointment. This woman, among her other many accomplishments, was thoroughly practical, thus rendering her aid invaluable. Single-handed, by her cleverness, wit, and sound common sense she accomplished many reforms which Miss Darche originated, but was unable to carry through from lack of political knowledge and influence. This lady, a committee of one, kept in very close touch with the school, as she said, to find the superintendent's limitations and help there. In this way many of the reforms originated by Miss Darche were talked over, and where Miss Darche reached her limit, this lady took her work, and in every case put the reform through. By reforms I do not mean matters relating to the internal administration of the school, which a superintendent should be able to handle herself. In regard to nursing, there Miss Darche was always supreme, because she had no superior in her profession, and that fact was soon recognized, but where money was needed, where influence was needed, or where people were needed to help on the work, there the committee of one was always ready, and after sufficient questioning to understand the subject, her share was cheerfully taken up in



every case, and nearly always carried through. This lady, like all other intelligent women, had her political views. She was a Democrat, and as long as Democrats were in power she was unassailable. The possibility of a Republican board over the school, the possibility of any board of politicians over the school and no committee of one to interview in its interests kept coming up in the future, for life is very uncertain, and Miss Darche began to look to this possibility with the result that a committee was formed, chiefly of women, called 'The Advisory Board of the New York City Training-School for Nurses.' The members of this board, wide in their aims, interests, and politics, were united in supporting the superintendent on all matters pertaining to the discipline and progression of the school. The committee of one became its chairman, and nobly has she fulfilled her office. In describing the board not long ago she said, 'We are here to act as a buffer between the Commissioner and the school, just as railroad cars are furnished to lessen or relieve the jar should they come together with unusual violence.' Her advice to another anxious board is worth quoting: 'Choose first your superintendent on her merits, and, of course, you will choose the best you can, then let her alone. When she needs help she will let you know, and then help her.' The Advisory Board makes monthly visits, goes over the hospital and home, hears the superintendent's monthly report, talks over new business, and gives any necessary assistance. Some of the work done by the board is as follows: All recommendations for increase of members on the staff of the Training-School or increase of salaries are endorsed by them. All special calls for lecture funds, etc., are met by them, and in any emergencies connected with the nurses of the Training-School, where financial help is necessary, it has been freely given. All disputed points requiring arbitration are turned over to them. Where work is carried on in this way by a board of lady managers good results must be achieved, and the work of the superintendent cannot be otherwise than lightened, while the moral and disciplinary effect must be to strengthen her hands and uphold her authority over her subordinates."

The President then called upon Miss Louisa Stevenson, of Edinburgh, to speak on this question.

Upon rising Miss Stevenson said in reference to the tragic death of President McKinley:

"I desire that my first words to this Congress should be to convey to you an expression of profound sympathy from the president, the vice-presidents, and all the members of the National Union of Women Workers of Great Britain and Ireland, which I have the honor to represent to-day, upon the tragic sorrow which is now weighing this great nation down. I can assure you that these are no mere words. I thank you, Madam President, for permission to give expression to them.

"It may be thought that I am an interested supporter of the principle that hospital boards are benefited by the presence of women managers. For many years I was of opinion that there was a great deal of work in hospitals which would be left undone were there no women to attend to it, so about six years ago I came forward and was returned as a member of the Board of Management of the Royal Infirmary of Edinburgh, and served for a term of five years. No member can serve for more than five years, so that this year I am off the board, and so it was within my power to attend this great Congress. I wish it dis-



tinctly understood that I came to learn, and not to teach. I believe that there is a great deal of work done in America from which we may learn much. I think also that there may be some things which you might learn from us; that must be left for the future. In the meantime you can visit our country and hospitals and see for yourselves what is going on.

"I have no hesitation in saying that after five-years' experience—for the first year I was alone on the board; there were twenty men and myself; the second year the second woman was appointed—our work was acceptable to everybody concerned. I have at this present moment no warmer friends in the world than those men on that board. We discussed many subjects which I brought before them which would not have been brought forward in any other way. We were on the most friendly terms. My experience is that there need be absolutely no friction whatever in women and men working together. I was on the most friendly terms with the managers, medical staff, and nurses, and everybody connected with the hospital. I confess that I have not so much confidence in boards of lady managers working apart from the general committee. I believe that the best work can be done by the women and men working together, and I believe that a large amount of friction is caused by women not having it in their power to carry out their own recommendations and resolutions. There is nothing more irritating than to have to make recommendations in a sub-committee which one knows one has no power to carry into effect. I do not know how it is with you in America, but with us I have always found that there is not such a superabundance of administrative power among the men of our country that we can afford to do without the perception possessed by the women. I do not think this question should be discussed as to the differences between men and women; if a man or woman has the administrative power, and understands what good work is, then that man and that woman are the right persons to be put upon a board of managers. I think for all public work there must be a certain amount of definite training. No one can do efficient work until they learn how to do it. I do hope from what I have seen in this and other countries, from what I know of hospitals under the supervision of boards composed of ladies, or partially of ladies, that those who know of the work these ladies have done in hospitals will realize its value and be converted to having women on the boards. There are many matters which do not occur to the men which are really necessary for the best interests of the institution, and I think it is of importance to have women on the boards to express their views on matters of which from experience they have a more intimate knowledge than men. Now, I really must not detain you longer, beyond assuring you that after five-years' experience I am fully convinced that there is work to be done on hospital boards which will be left undone unless the women take it up."





## BOOK REVIEWS



HOME NURSING. By Eveleen Harrison. Macmillan Company, New York.

Miss Harrison is a trained nurse whose interest in and kindness for the earnest members of the family who strive, in times of illness, to take their share of responsibility have induced her to write this most practical and helpful book for the use of these amateur home nurses. It is not written for nurses, but for the mother, sister, or relative to whose lot falls the care of the invalid in the family. We hardly see how it could have been done better, for this purpose, and nurses may safely recommend it in families where they go. It is very simply and clearly written, the methods given are described in clear and non-technical language, and only the safest and most well-judged advice is given as to what may be done "before the doctor comes." Miss Harrison has the teaching gift, and many a family will be grateful to her for her efforts in their behalf.

L. L. D.

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### SUGGESTIONS FOR CHOOSING BOOKS TO READ TO PATIENTS

THE first that comes to mind is Booker Washington's autobiography, "Up from Slavery." Such a triumph of character over environment as it portrays fills one with optimism and a renewed faith in human nature. Starting in life as he did, a slave, not knowing who his own father was, and then becoming one of the most honored citizens and foremost educators of the land, his life as told by himself is of the most absorbing interest. It is all recounted with the most touching simplicity and absence of self-consciousness, and cannot but act as a moral and mental tonic to the reader.

Another charming book is "Katherine Day," by Anna Fuller, a delightful picture of real life in and about Boston some thirty years ago. The character of Katherine is well drawn, and the other characters are very real. Tom endears himself greatly to the reader, in spite of his many blunders.

"The Happy Boy," by Bjornsen, is a charming little story suitable for those of all ages from ten years up, bringing one into the fresh, democratic atmosphere of those self-reliant Norwegians, worthy descendants of the plucky Vikings of old.

"Tolstoi and His Problems," by Aylmer Maude, gives a very good idea of the great Russian's point of view. Too stimulating, possibly, to thought and discussion for some patients, it might be of great value to others.

The two volumes of "Stevenson's Letters" are eminently suited for reading aloud; charming and delightfully written throughout, the pages may be opened almost at random for a half-hour's reading.

H. McD.



# NOTES FROM THE MEDICAL PRESS

IN CHARGE OF

ELIZABETH ROBINSON SCOVIL



CHRONIC CONSTIPATION.—This is the subject of one of the prize essays printed monthly by the *New York Medical Journal*. There is no ailment upon which a nurse is more frequently consulted by her patients and no condition is more common.

Besides the prize essay, a number of other papers on the subject are published. The consensus of opinion shows that drugs are considered of little use except as a temporary expedient until the bowels can be educated to move without them. Enemas are condemned as injurious when long continued, relaxing the already too relaxed intestine. The chief means of cure are diet, exercise, and regularity of habit.

The diet recommended is cereals, vegetables, fruit, prunes and apples cooked, brown bread or Graham bread, fresh meat only once a day, and tea in small quantities. Cheese, pastry, coffee, milk, and hot bread are forbidden. Particular stress is laid on a sufficient quantity of water being drunk. Two quarts a day is prescribed. This sounds like a good deal, but when it is remembered that an ordinary tumbler holds from six to eight ounces of water it will be seen that eight of these can be taken during the day without much trouble. Water tends to overcome the dryness of the intestinal mucous membrane and renders the fecal matter of the proper consistency, so it can be passed with ease.

Out-door exercise is recommended, such as can be obtained by walking, playing tennis, or bicycling. When it is impossible to take this, abdominal m $\ddot{a}$ ssage is a good substitute. Lying flat on the back, the bowels should be kneaded with the closed fist, following the course of the large intestine, up the right side of the abdomen, across the colon, and down the left side. There may be some intolerance at first, requiring light touch until the patient becomes accustomed to the exercise.

The closet should be visited at the same hour every morning and an effort made to relieve the bowel, whether successful or not. One physician recommends crossing one leg over the other to exert pressure on the abdominal muscles; another that a high footstool should be used, so that the thighs may be flexed towards the body.

Drugs occupy the lowest place in the cure of the condition. Cascara in nightly doses of from five to twenty minims, gradually decreasing, is recommended; strychnia, one-thirtieth of a grain three times a day, when the bowel is enervated, and castor-oil, beginning with half an ounce and gradually decreasing, seem the favorite prescriptions.

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AS OTHERS SEE US.—The *British Medical Journal* says: "The Nurses' Congress at Buffalo, U. S. A., was distinctly a success; it was well organized and included some of the most distinguished women from the old and the new country. The subjects set forth for discussion were hospital administration, the



training of nurses and their future spheres of work, remuneration and control, services under the state, and the duties of nurses and municipal officers. The discussions showed that the American women are much more apt in the public meeting than their English sisters, and also gave evidence that they are confronted with similar difficulties in organization. The American nurses are organized in a federation of two groups, the 'Associated Alumnae' and the 'Society of Superintendents of Training-Schools,' and they work as one body in all matters of general interest to the profession. Three resolutions were passed as representing the results of the discussions,—(a) in favor of higher education for nurses, (b) in favor of State registration and legislation, (c) condemnatory of the practice of sending out as private nurses pupils still in training at the schools. The Congress met with much sympathy and support from the public generally, and judging from the reception given to the nurses at the general meeting, they are looked upon as valuable workers in the interest of the community."

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FLORENCE NIGHTINGALE AND OPEN-AIR SANITORIA.—The Philadelphia *Medical Journal* says: "Open-air sanatoria, now becoming so generally popular in Europe, are said to owe their origin to Florence Nightingale. This notable woman first cured M. Benet, of Mentone, by advising him to pass the better part of his time out-of-doors, to reject medicines, and to apply himself to a liberal diet. The first establishment devoted to the open-air cure was founded at Görbersdorf in 1859 by Herman Brehmer, though it was left to his disciple and pupil, Dettweiler, to perfect the theory in the course adopted in 1875 at the sanatorium of Falkenstein. There are now in the valley of Davos about three thousand patients and sixteen physicians. The open-air treatment for tuberculosis is extraordinarily successful in Germany. Out of one hundred and forty-two attested cases in Hanover one hundred and twenty-one are pronounced cured; in Saxony out of ninety-eight patients sixty are cured; while in Baden, where the treatment is given in the pine-woods of the Black Forest, two hundred and five cases have been cured out of two hundred and forty under observation."

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ALCOHOLIC TREATMENT OF THE STUMP OF THE UMBILICAL CORD.—The New York *Medical Journal* quotes from a foreign source Dr. Von Budberg's recommendation of this method. It causes the watery elements to be rapidly absorbed, so that the stump dries quickly. Through the disinfecting properties of the alcohol infection is prevented, and the method is painless.

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TETANUS.—The *Journal of the American Medical Association* endorses the use of cold applications in the treatment of tetanus. The germ cannot grow at even a moderately low temperature, 55° F., so that the application of ice should check its development. Dr. Joseph G. Rogers suggests prompt local injections of a twenty per cent. carbolic acid solution of glycerin with two per cent. of hydrochloric acid added, with ice-water or ice-bags applied to the wounded part. He reports two cases of traumatic tetanus, with spasms involving all the trunk and limbs, which were successfully treated in this way. In one case relief was experienced in a few hours, and the symptoms ceased entirely on the fifth day of the treatment, when the patient himself removed the ice-bags and a relapse followed. This was again treated as before, and in a few days recovery was complete. In neither case were drugs or other local applications used, nor were they, apparently, required.



TREATMENT OF SORE THROAT.—The *Dietetic and Hygienic Gazette* says one of the best remedies for sore throat is a compress over the throat at night. Fold a piece of cotton or light cloth about half the size of a handkerchief, so as to cover a space of three or four inches, wring out of cold water, and place around the neck. Cover with rubber cloth, oil-silk, or oiled muslin. Wrap a long, narrow strip of dry cloth over it to hold it in place, prevent evaporation, and exclude the air. It should be taken off in the morning and the neck washed in cold water and rubbed until the skin glows.

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BED-WETTING IN CHILDREN.—A writer in one of the foreign journals is opposed to the view that enuresis is due to muscular weakness or to local causes at all. He considers it of purely hysterical origin. Most of the children suffering from it manifest a neuropathic family history, and not rarely other hysterical symptoms are present. The best treatment is change of surroundings, isolation of the patient, the use of electricity, and the observance of hygienic principles. Other successful measures are to be attributed to suggestion.

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PROLONGED PREGNANCY.—In the *American Journal of Obstetrics* a case is reported by F. J. Taussig of a woman who had three pregnancies while under observation; two were of normal length, the third without question lasted three hundred and twenty-three days. The child died in each case shortly after birth, so that there was no question of the cessation of the menses from nursing. He reviews sixty-one well-authenticated cases and concludes that there is abundant proof that this condition occurs in the human race, as it has long since been conceded to do in the lower animals.

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WHEY IN TYPHOID FEVER.—A writer in the *Lancet*, quoted in the *Philadelphia Medical Journal*, says that whey possesses distinct advantages over milk in the treatment of typhoid-fever cases, that milk-curds are apt to give rise to pain, intestinal hemorrhages, perforation, and death through their mechanical effects, and that milk acts as an excellent culture medium for the typhoid bacillus. The formula for the preparation of whey is as follows: "To two quarts of milk stir in two tablespoonfuls of rennet. Put it into a pan; warm slowly until it curdles. This takes about twenty minutes. Break up the curd and strain through fine muslin." If required, cream may be added to the whey, and in summer it can be sterilized. Tea, coffee, or other flavoring may be added to make it more palatable. Seventy-five cases had been treated with this food with good results.

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THE IMPORTANCE OF FOOD IN DISEASE.—Georgia Merriman contributes a paper to the *Medical Record* on this subject. He thinks the proper ingestion and digestion of food is the most important field in the practice of medicine. He says the physician should supply a written dietary prescribing the exact quantity of food a patient should take. He believes that the study of digestion and the food-value of articles of diet is most important, and that as correct diets for the brain-worker, the manual laborer, and the average citizen in good health have been carefully estimated by Government experts, physicians should be familiar with the general scope of these studies.



# HOSPITAL AND TRAINING-SCHOOL ITEMS



## HOSPITALS

DR. CHARLES H. COGSWELL, of the Buckminster, Boston, has purchased the valuable estate situated in the midst of the Middlesex Fells Reservation and known as the Langwood Hotel. The property embraces forty acres of cleared and wooded lands, located directly in the heart of the reservation of thirty-five hundred acres of hills, groves, and uplands, all of a wonderfully wild and picturesque character, including that superb sheet of water known as Spot Pond, which is now a basin of the water supply of the metropolitan district. The group of buildings consists of a hotel building four stories high, two hundred by fifty feet in general dimensions, with an L, also four stories high, one hundred and twenty-five by sixty-five feet in size. This structure contains one hundred and fifteen rooms, exclusive of the reception-rooms, parlors, billiard-room, storage, and laundry. It is equipped with its own electric-lighting and steam-heating systems. There also are three substantial and commodious detached dwellings, one of which contains twenty rooms, and another eighteen rooms. The third is a handsome cottage, which, with the others, will be reserved for the use of special patients. The stable has accommodations for seventy horses, and the adjoining buildings include a blacksmith-shop, carpenter-shop, carriage-houses, and sheds. This estate occupies a high elevation overlooking the pond, and is distant from it less than five hundred yards. It is five miles from Boston and one mile from the Wyoming Station of the Boston and Maine Railroad. It was this fact that no doubt brought about the deal—the property being so near the city that an ambulance can cover the distance in less than an hour and private carriages still quicker, enabling patients to be visited by their own physicians if preferable, and yet be as entirely removed from any disturbing noises as if in the midst of a forest. Dr. Cogswell intends this to be a general hospital, where physicians can send their patients requiring hospital treatment, and where they can have the privilege of attending them if they so desire.

DR. CAPHUS L. BARD and Senator Thomas R. Bard have erected a hospital at Ventura, Cal., as a memorial to their mother, Elizabeth Bard. The building is of pretentious size, designed on the style of the old missions. It is to be most modern in detail, and no expense is being spared by its builders in its construction.

The training-school, which will be maintained in connection with it, will receive ten students at a time. Accommodations will be provided for twenty-five attendants. At a recent meeting of Dr. F. T. Bicknell, president of the California Hospital, and Dr. Bard an understanding was reached by which the Training-School of Elizabeth Bard Memorial Hospital will be coördinated with the Training-School of the California Hospital and be under the same general supervision.



THE corner-stone of the Memorial Hospital, Twelfth and Broad Streets, Richmond, Va., was laid on the morning of November 5. The walls of the hospital are up and the contract calls for its completion in July.

WORK has already been commenced on the New York Medical College and Hospital for Women at Nos. 21 and 23 West One-hundred-and-First Street. It will cost fifty thousand dollars.

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#### TRAINING-SCHOOL NOTES

THE graduating exercises of the Training-School of the Toronto General Hospital took place on the evening of October 25 in the theatre of the hospital. Many distinguished guests were present.

The annual report of the school was read by Miss Mary Agnes Snively, the superintendent, and an interesting record showed that since the first class was sent out in 1883 a total of three hundred and forty-seven had received the certificate granted by the Training-School. Nurses from the school had taken positions in many places in the United States, in Cuba, the Klondike, British Columbia, the Northwest Territories, Persia, Africa, India, and China, ninety-three had married, while at the present time there were a large number of applications for nurses to fill positions in institutions in various parts of Canada and the United States.

The address to the graduating class was delivered by Dr. Primrose, after which Mayor Howland presented the certificates, at the same time referring in complimentary terms to the work done by the Training-School. After the presentation of medals and certificates Dr. O'Reilly presented Miss Mabel Stock, of Waterdown, with first prize, given by himself, she having obtained the highest number of marks at the final examination of 1901. Mr. Walter S. Lee presented the second prizes, one to Miss Gertrude Way, of Webbwood, and the other to Miss Alice M. Roberts, of Adolphustown, Ont., they having received equal marks. Dr. A. H. Wright announced that on account of the class having been exceptionally good this year and large in number, he and a friend of the school had great pleasure in presenting two extra prizes, one to Miss Mary G. Duncan, of Richmond Hill, and one to Miss Alice V. Sinclair, of Madoc, they having attained the next highest marks.

The purple badges were presented to the graduates by Hon. George W. Ross, who congratulated the class upon the work and the teaching staff upon the success they had achieved in training the nurses. The Premier referred to the importance of the work of the nurse in a household, and the womanly qualities that were necessary.

After addresses and music a reception was held in the Nurses' Home, and refreshments were served.

The graduates are: Misses Rahno Aitkin, Newcastle, N. B.; Catherine Allison, Port Perry, Ont.; Belle Anderson, Elnwood, Ont.; Clara Burnett, Elora, Ont.; Minnie Butler, Toronto, Ont.; Bella Crosby, Campbellford; Mary Davis, Cayuga; Edith Dent, Renfrew; Mary G. Duncan, Richmond Hill; Edith F. Daley, Hamilton; Clara Evans, Port Arthur; Phoebe Foster, Thornhill; Marion Hall, Montreal, Que.; Helen Holmes, Woodstock; Annie Hartley, Brantford; Augusta Jones, Toronto; Anna F. Lawson, Hamilton; Catherine J. Mitchell, Collingwood; Annie R. Millard, Dundas; Margaret MacLaren, Toronto; Albertine M. Macfar-



lane, Niagara Falls, South; Maud L. McNish, Lyn; Alice M. Roberts, Adolphus-town; Margaret J. Sutherland, Orangeville; Alice V. Sinclair, Madoc; Mabel Stock, Waterdown; Isabel I. Smith, Guelph; Maud Tuck, Alliston; Kate Walker, Banff, Scotland; Gertrude Way, Webbwood.

THE graduating exercises of the Orange Training-School for Nurses, Class of 1901, were held November 19 in Union Hall, Orange. The class numbered twenty-three and were the final outcome of the two-years' course. The next class to graduate will have fulfilled the three-years' curriculum. Dr. Abey, of New York, was the speaker of the evening and made an admirable address to the nurses. Dr. I. Harvey spoke to the class and advised them all to join their Alumnae Association. Some very pleasing vocal music was rendered during the evening. The valedictory was delivered by Miss C. Gerhart, and a class prophecy given in rhyme caused much amusement to those able to appreciate the points. The hall was crowded with friends of the new and old classes, many graduates of bygone years meeting once again after long intervals. The flowers presented to the class were magnificent and added to the beauty of the scene. Refreshments were handed round as soon as the diplomas had been presented and an exceedingly social time was then enjoyed. The Alumnae Association had entertained the class at dinner the evening before, so that the members were unusually well-known to each other.

The names of the graduates are as follows: E. C. Mead, C. Bannister, G. A. Edwards, Lucy Sims, L. M. Carmichael, J. M. Houlden, Eva O'Connor, F. Cunningham, C. E. Gerhart, F. G. Hauer, M. A. Magee, M. L. Wehrle, J. Donovan, E. M. Little, C. Weston, Agnes Heywood, L. Z. Hoffman, M. M. Moore, N. Harper, W. Kapp, M. M. Taylor, Clara Davis, and M. S. Christian.

THE graduating exercises of the New London Memorial Hospital, Conn., were held at the Parish House of the First Congregational Church on the evening of October 15. The graduates numbered five and were:

Misses Edna Howe, Josephine Cooper, Della E. Allen, Maude E. Allyn, and Mrs. Frances Gate Smith.

The president of the hospital corporation, Judge William Bilcher, presided. There were the usual addresses, and Miss Howe demonstrated some interesting forms of bandaging, while the remainder of the class presented carefully prepared essays. Mrs. Herbert Crandall furnished the class pins, and Mr. Frank L. Palmer presented each nurse with a "companion case," filled and ready for use.

Several touching references were made to the life and character of Miss Minnie J. Wallace, the late superintendent of nurses, whose death took place September 13. Every nurse present wore an emblem of mourning for their departed friend and teacher.

Miss Anna M. Harris, of Cambridge, Mass., graduate of Danvers Training-School for Nurses, has been superintendent pro tem. since the death of Miss Wallace.

MANY improvements and valuable additions have been made since the last report to the friends and patrons of Mercy Hospital, Chicago, Ill. These include a new amphitheatre, buildings for the nurses, and a modern, thoroughly equipped laundry. Two three-story-and-basement residences on the north of the hospital have been taken for the exclusive use of the nurses, of whom fifty-five are in constant attendance. About forty Sisters of Mercy are connected with the hospital and are constant in their devoted care for suffering humanity. Many of these are



graduate nurses who entered the sisterhood after completing a full course in the Training-School. Each nurse has four-weeks' experience in preparing surgical dressing. A sister is in charge of this department, who prepares all dressings for operations and the after-dressings of patients. A new feature not afforded in any other training-school that we know of is practical work in the hospital pharmacy. This department is in charge of a sister who is a registered pharmacist. Here each nurse has four-weeks' practical work in addition to her materia medica lectures.

THE graduating exercises of the Training-School connected with the Hospital for Sick Children were held in Toronto on the evening of November 15. Mr. J. Ross Robertson, the chairman of the Board of Trustees, presided, and a large number of friends were present. The exercises were of a highly interesting nature, consisting of addresses by distinguished laymen and physicians, with very beautiful songs by Mr. Alex Gorrie, and it was altogether a delightful occasion. The graduates were: Misses Mary Elwell, Isabel Foote, Margaret Thompson, Sadie Howard, Mary Fraser, Miriam Sears, Edna Byers, Emma Hammell. The class numbered twelve, but these four had been called away on professional duty: Misses Jean Burns-Gibson, Flora Collins, Edna Price, Edith Merrill.

Miss Brent, the superintendent, was presented with a beautiful bouquet of red roses as a gift from the nurses, and Miss Mary Fraser, the honor nurse of the class, was given a very handsome leather nurse's case.

THE graduating exercises of the Training-School of the Hospital of the University of Pennsylvania, Philadelphia, were held on November 22, and the following nurses received diplomas: Miss Margaret McKernan, Miss Margaret Lasater, Miss Elizabeth Kaufman, Miss Henrietta Ziegler, Miss Jennie Barnhart, Miss Catherine Bookless, Miss Ella Arnold, Miss Ethel Clay, Miss Minnie Mumma, Miss Georgie Jack, Miss Elizabeth Beattie, Miss Susan Stilwell, Miss Mary Heyberger, Miss Florence Paist, Miss Martha Brobson, and Miss Esther Keating.

THE District Nursing Association of Cleveland, O., has decided to employ only nurses who have had experience in this line of work. Miss McMillan, of the Lakeside Hospital, is receiving applications from women who wish to continue in this work. Those applying should be careful to send credentials as to experience and ability, and should furnish evidence of graduation from a reputable school.

THE graduating exercises of Smith Infirmary occurred at Hotel Castleton, New Brighton, N. Y., on the evening of October 29. A reception and dancing followed the exercises. The following nurses received diplomas: Caroline W. Bentley, Lily J. Patte, Grace E. Peterson, Julia G. Larkin, Margaret Gordon, Helen L. Hillard, Nora L. Hogarth, Ida B. Venner, Eva M. McKee, Frances W. Gibb.

MISS LUCRETIA S. SMART, who was for four years Miss Palmer's assistant at the City Hospital, Rochester, has recently accepted the position as superintendent of the Butterworth Hospital at Grand Rapids, Mich. Miss Smart is a graduate of the Nurses' School of the Boston City Hospital, and after leaving that hospital was for a year night superintendent at the Hartford Hospital.



MISS MARY E. HUTCHINSON, formerly of the New York Hospital and Sloan Maternity, has resigned her position as assistant to Miss Twitchell at Smith Infirmary on Staten Island to accept that of superintendent of the hospital and Training-School of the General Memorial at New London, Conn. The good wishes of her many friends accompany her in her new venture.

MISS ISABEL MERRITT, who has for many years held the position of superintendent of the Training-School of the Brooklyn Hospital, has resigned her position, and is to take a year's rest at her home in Cherry Valley, N. Y.

Miss Merritt is already much improved in health, and is enjoying the freedom from responsibility and the pleasures of home life.

THE Passaic General Hospital graduated its third class of nurses on the evening of October 29. This is a fifty-bed hospital, with a school of twelve pupils (organized in 1897), who receive in addition to the regular two-years' course in the Passaic Hospital six-months' training in the Lying-in Hospital of Providence, R. I.

ON the evening of December 2 the nurses of the University of Michigan Hospital Training-School had the rare honor of entertaining Miss L. L. Dock, who gave a most interesting and inspiring talk on nursing organizations, also on the work carried on at the Nurses' Settlement, Henry Street, New York City.

MISS EMILY I. MCCOY and Miss Nellie Hannon, graduates of the Training-School of the Rochester City Hospital, have recently gone to Cienfuegos, Cuba, where they hold positions in the civil hospital. Both of these nurses write in the most enthusiastic terms of the interest of the place and of their work.

MISS ELIZABETH M. FRIEND, who has so ably filled the position of superintendent of the Training-School of the Hartford Hospital, was married on November 30, and she has been succeeded by her assistant, Miss Charlotte A. Brown, a graduate of the Training-School of the Boston City Hospital.

MISS LINA L. ROGERS has resigned her position as superintendent of the Training-School of the Grady Hospital, Atlanta, Ga., and will take a long and much-needed holiday at her home in Canada before taking up work again.





# THE GUILD OF ST. BARNABAS

IN CHARGE OF

S. M. DURAND

Public Library, Boston



## GUILD OF ST. BARNABAS

IN this, our first appearance in *THE AMERICAN JOURNAL OF NURSING*, we may reach many who know little or nothing of what the Guild of St. Barnabas is; we therefore subjoin the following short history and explanation.

### WHAT IS IT? AND WHY?

There is no work for women more noble and ennobling than the work of a Christian nurse. Of course, there are many trials and temptations peculiar to such work.

In these sentences is contained the reason for the establishment of the Guild of St. Barnabas: to help the nurses to realize the greatness of their calling, to maintain a high standard in it, and also to enable them more surely to overcome the temptations incident to their position. These are our aims. To attain these objects it is most important and helpful that there should be mutual love and sympathy, mutual conference and companionship, and association with others outside the profession who are willing to lend their sympathy and aid. The nurses have to endure much loneliness and isolation, whether they are engaged in private houses, in the training-school, or are off duty for a time. For many of them there is no home life, and little comfort in the lodging-rooms to which they return after a term of nursing. The community in general does not appreciate the anxieties, responsibilities, and trials of the nurse's life, and it is well to have those associated with her who will help to spread abroad information regarding her work, and thus enlist a friendly interest. The Guild of St. Barnabas, by associating nurses together, and with them other women as friends, and also by engaging the personal interest of physicians and clergymen in their behalf, aims to supply some of the comfort and power obtained by association, and thus to be helpful to the nurse, whether on duty or not.

### WHAT IS ITS HISTORY?

The Guild of St. Barnabas was founded about fifteen years ago by a clergyman of Boston. Like everything else that is good in this world, it had a small beginning; but it has grown steadily, and much more rapidly than its friends at the outset had any cause to expect. Now there are branches in many of our large cities with an aggregate membership of about eighteen hundred, while every month brings additions to our numbers. So that the nurse who wears the badge of the Guild of St. Barnabas will find friends in many places, even on the Pacific coast, and if the guild increases, as we believe it will, this friendly bond will include thousands interested in the same blessed work of caring for the sick.



WHAT ARE ITS METHODS?

Each branch has at least a monthly meeting, at which, after a short service for spiritual benefit, there is a conference or business meeting, followed by an hour devoted to social intercourse and refreshments. The duty of the associate members is to know and visit the nurses; they also manage that part of the business of the guild which the close occupation of the nurses prevents them from undertaking. Everyone belonging to the guild is to remember the nurse's work in daily prayer, and to try in every way to be helpful to the rest.

The dues are only these: an entrance fee of one dollar and an annual fee of one dollar; that is, two dollars the first year, and after that one dollar annually. These receipts provide for badges, printing, manuals, and other necessary expenses of the guild.

The medal is of bronze, bearing the motto, "Blessed are the merciful." The guild, originated and officered by Episcopalians, is open to all nurses, whether graduated or in course of training.

In some of the branches there is a Sick-Relief Association, which has proved very helpful. It is a mutual-aid society conducted on purely business principles, and is divided into two classes. Those of the first class pay fifty cents a month and receive ten dollars a week during the first four weeks of illness in the year (the first week of illness is not included) and five dollars during the last six; *i.e.*, a member receives seventy dollars in the year, ten weeks being the limit allowed. The second class pay twenty-five cents per month and receive half the above amount in the same way—five dollars for the first four weeks, two dollars and fifty cents for the last six.

Applicants for the guild are proposed at any meeting by a member or associate, and, if there is no objection, are admitted to membership at the next meeting.

IN CONCLUSION.

It will thus be seen that the work of the guild is of two kinds, *religious* and *social*. It is intended to help the nurse to remember her high calling as a follower of Him who "went about doing good," a sharer in His work of ministry and love. It is intended to encourage her to continue bravely in the work of comforting, healing, saving, giving rest, and manifesting in herself that sweetness, patience, and unwearying labor which were characteristics of His earthly life. It is her privilege also to be a sharer in His life of toil and sorrow.

The name of St. Barnabas is chosen for the guild because he followed in the footsteps of his Master, and those who minister to the sick and suffering are rightly reckoned as the companions of the "Son of Consolation." The guild prayer daily asks for the same spirit of consolation, "that by gentleness and love, in faithfulness and patience, we may serve God's afflicted children."



## THE FIFTEENTH ANNUAL COUNCIL OF THE GUILD OF ST. BARNABAS

## MINUTES

CHICAGO, ILL., November 14, 1901.

The Fifteenth Annual Council of the Guild of St. Barnabas for Nurses was held at Trinity Parish House at nine-thirty A.M., the chaplain-general presiding. The roll of the branches was called, and the following delegates answered to their names: Boston, Miss Harries; New York, Mrs. Gardner; Philadelphia, Miss Fulmer; Pittsburg, Mrs. Blackford, Miss Hallock; St. Louis, Mrs. Gibson, Miss Thompson; Hartford, Miss Pilgarth; Orange, Mrs. J. H. Kidder, Miss Coomber; Grace Church, Chicago, Miss Collins, Miss Reeme; Trinity Church, Chicago, the Rev. Dr. Wilson, Dr. Clagget, Miss Lee; Epiphany Church, Chicago, Dr. Hackett; Providence, the Rev. Mr. Dana, Miss Alice Gifford; Syracuse, Mrs. Hinman; Newport, Miss E. B. Smith; Utica, Miss McLannen.

The general secretary read her report. The Rev. Dr. Wilson read the report of the general treasurer. Then the chaplain-general read his report. He also read a memorial from Trinity Branch, Chicago, and his reply to it; also a memorial from the Washington Branch. He said there had likewise been received several letters, some of them rather spicy, all of these concerning the *News-Letter*. The consideration of these communications was made the order of the day after the routine business.

The report of the editor of the *News-Letter* was then read by the Rev. Dr. Wilson.

Then followed the reading of the report of the International Congress of Nurses at Buffalo.

Two letters of resignation, one from Mrs. Kidder, general secretary, and the other from Miss Tippet, editor of the *News-Letter*, were presented by the chairman.

Reports of the branches were read as follows: From Boston, Brooklyn, New York, Philadelphia, Utica, Hartford, Orange, San Francisco, New Haven, Duluth, Washington, Fall River, Newark, Chicago, Grace Church Branch and Trinity Branch, Providence, Pittsburg, Syracuse, and Newport; letters from St. Louis, Minneapolis, and Sandusky.

A communication from the Rev. Dr. Hart, chaplain of the Hartford Branch, was read by the bishop. Asheville wrote that they had no report, but hope to send a good one next year.

There being no unfinished business, the chairman announced the next thing in order, the election of officers.

The Rev. Dr. Wilson moved that the secretary be instructed to cast one ballot for the Rt. Rev. Cortlandt Whitehead for chaplain-general, which motion was unanimously carried. The secretary cast the ballot and Bishop Whitehead was declared elected.

A committee had been appointed to make nominations for the office of secretary-general. The report of the chairman of that committee, the Rev. H. T. Scudder, was then read, nominating three persons, viz., Mrs. Howe, of Orange; Miss Lee, of Chicago; and Miss Reeme, of Chicago. The delegates prepared and deposited their ballots, each branch having one vote. The votes being counted, Mrs. W. R. Howe was found to have received the greatest number, and was elected general secretary.

A proposition from THE AMERICAN JOURNAL OF NURSING was then read.



This JOURNAL offered to give two or more pages of its space each month for the news of the guild and allow the guild to have its own editor for that department of the JOURNAL.

The advisability of giving up the *News-Letter* was then discussed, several of the members speaking at length on the subject. It was argued that there were fifty-six training-schools, good, bad, and indifferent, in Chicago, and thirty thousand trained nurses in the United States, and out of this number fifteen hundred only belong to the Guild of St. Barnabas. The objects of the guild ought to be made known to nurses outside of those who belong to it. All nursing organizations with the exception of the guild are represented in THE AMERICAN JOURNAL, and it cannot hurt the clerical or medical associates to know something of the progress of the nurses' work and their duties.

It also appeared that THE AMERICAN JOURNAL OF NURSING is edited by nurses and subscribed to by doctors and nurses. It was maintained that there is nothing compulsory as to subscriptions about the offer made, as regards either individuals or as regards the guild as a body, simply an offer to give two or more pages each month for the news of the guild. The proposition is that we will as a favor to them, and for mutual advantage, make use of certain parts of the JOURNAL. By accepting the offer the guild would be relieved of one thousand dollars' expense annually, now required for printing the *News-Letter*. It was suggested that each branch of the guild itself provide copies for the chaplain and secretary and treasurer of the branch, who, after reading the JOURNAL, might lend it to the guild members; that is, that each branch be responsible for three copies. Also subscribers should be sought for the JOURNAL. If St. Barnabas Guild is to be represented in that magazine, a large number will undoubtedly subscribe for it.

The following question was then put to vote: Shall the *News-Letter* be continued in its present shape and size? which was decided in the negative.

The Rev. Mr. Dana moved that the proposition of THE AMERICAN JOURNAL be accepted from January 1, 1902, which motion was unanimously carried.

It was moved and seconded that a committee to arrange the details with THE AMERICAN JOURNAL be appointed, which motion was unanimously carried.

The committee appointed for this purpose was as follows: Miss Fulmer, Miss Tippet, Miss Reeme, and Mrs. Gardner, with the assistance of Dr. Hackett and Mrs. Howe.

The next thing in order was the election of an editor. Miss Tippet, being nominated as editor, was unanimously elected. Miss Tippet being unable to serve, Miss S. M. Durand has been appointed to the position.

Miss Jack being nominated for treasurer, it was voted that the secretary cast a ballot for her. The secretary cast the ballot and Miss Jack was elected.

It was suggested that a home, to be a refuge for nurses in old age, would be a noble work for the guild to undertake. There was a short discussion of the matter, but no action taken.

Luncheon was then announced, and the council took a recess until two o'clock.

#### AFTERNOON SESSION.

The meeting was called to order at two-fifteen.

The Rev. Dr. Wilson moved to reconsider the vote by which the publication of the *News-Letter* was stopped, which motion, being put to vote by the chairman, was lost.



The consideration of the suggestion as to a home for nurses was resumed, and further discussion followed.

The Rev. Dr. Wilson moved to appoint a committee to consider the matter of some united benevolent work on the part of the guild, and report thereon at the next council, which was unanimously carried. The following committee was appointed: The Rev. Dr. Wilson, of Chicago; the Rev. Mr. Dana, of Providence; Miss Pearson, of Orange; Miss Reeme, of Chicago, and Miss Beach, of Hartford.

The advisability of changing the time of the meeting of the council, or rather the frequency of meeting, was next taken up, and it was decided that no change was desirable.

An invitation from the Philadelphia Branch to hold the next annual council in that city was announced.

It was moved that the invitation from the Philadelphia Branch be accepted, which was unanimously carried.

Moved and seconded that the "Directory of Nurses" cease with the new arrangement, when the *News-Letter* goes into THE AMERICAN JOURNAL, which motion was unanimously carried.

It was moved that he thanks of this body be extended to Trinity and Grace Church and Epiphany Branches for their kindness to the members of the council on this occasion, and the chairman made an address of gratitude. He then asked for a rising vote from all those in favor of thanking the good people for their kindness, and the entire visiting assemblage stood.

The motion was then made and seconded that the minutes of this council meeting be sent to THE AMERICAN JOURNAL OF NURSING for publication, which motion, on being put by the chairman, was unanimously carried. After which, on motion, the council adjourned.

MATILDA F. KIDDER,  
General Secretary.

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#### NEW YORK CITY

THE guild met for its first regular service Thursday evening, November 21, in the Church of the Heavenly Rest. There was a goodly attendance, and to our surprise (and our good chaplain gives us many surprises) we listened to a splendid address by Dr. Star, of the University of the South. After the meeting we retired to the Parish House, where Dr. and Mrs. Morgan supplied refreshments, and where we listened with great interest to the report of Mrs. Gardener, our secretary and delegate to the council in Chicago.

Our winter work will be devoted to the sick benefit fund, and we must all strive hard to enlarge that fund.

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#### SYRACUSE

As we wish to be among the first branches to be represented in our new organ, we will send in a communication this month, although we have nothing at all startling to record.

Our meetings began in September, after the usual summer vacation, and have been held regularly ever since. At the last one a very interesting report of the General Conference in Chicago was read, written by one of our associates, who had been sent as a delegate. Our sick-benefit fund is slowly increasing, and



some of it has already been made of use in a case of illness. An entertainment is being planned for the holidays to augment our financial resources.

We are proud to report that two of our members have accepted positions as superintendents in institutions during the past year.

We wish to express our sincere good wishes for the beginning of this editorial venture, and shall look forward with pleasure to seeing our guild take its place in the departments of so valuable a periodical.

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BOSTON

THE Boston Branch met at St. Andrew's, Chambers Street, on the evening of November 27, and although it was the day before Thanksgiving, there was a good attendance. Mr. Brendt presided, and after the interesting report of the council was read by the delegate and the business of the evening was transacted spoke of his coming departure for the Philippines. Miss Lowndes, on behalf of the members, spoke warmly of all our chaplain had been to us and done for us in the many years of his ministry, and moved a vote of thanks, which was unanimously carried.

Mr. Brendt cordially invited us to hold the annual Christmas gathering at St. Stephen's, as in previous years.

A committee was also appointed to nominate a new chaplain, to report at the next meeting before submitting the name or names to the chaplain general.

At the service Mr. Brendt dwelt particularly in his address on the duty of Thanksgiving, and said: "At this, our National Thanksgiving, we should forget our small personal grievances and sorrows, large as they might appear to us, and not allow them to obscure the light of the blessings for which we as a nation have to thank God."

The social hour, after we returned to the Parish House, was bright with conversation.

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PROVIDENCE, R. I.

THE regular monthly meeting of St. Barnabas Guild was held at St. Stephen's Church on Thursday afternoon, December 5, at three o'clock. The "Guild Office" was said in the chapel and one active member was admitted by the chaplain. The business meeting was held in the St. Barnabas Guild room in the Parish House. Plans were discussed for raising money, and it was decided to give a musical early in February. A committee was appointed to arrange for it.

The Committee on the St. Barnabas Guild Free Directory reported that the directory was opened at 38 Benevolent Street with an encouraging number of nurses already registered.

A report of the council at Chicago was read by Miss Gifford, and the chaplain gave a very interesting account of his trip to Chicago and of the doings of the convention.

After the business meeting a dainty tea, provided by one of the associates, was served.

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TRINITY BRANCH, CHICAGO

THE monthly meeting of the Guild of St. Barnabas was held in Trinity Parish House December 2. There were about twenty-five present. The Rev. N. White Wilson, chaplain of the branch, presided. Eight new members were proposed.



It is very gratifying to know that Trinity Branch is quietly but steadily increasing. Reports were read by the secretary and treasurer; the latter report showed a balance of almost twenty dollars from the council fund, which was turned over to the sick-benefit bank account. It was decided that hereafter some kind of a lecture on medicine, art, or literature should be given for the benefit and enjoyment of the guild members on the first Monday in each month. A committee was appointed to arrange the programme. A very hearty vote of thanks was given to Mrs. John Rouse, Miss Lee, Dr. Claggett, and the other members of the committee for the very efficient work done by them in entertaining the General Council. We are also most grateful to the associate members for their hearty coöperation in the work. Refreshments were then served, after which the meeting adjourned.

ORANGE, N. J.

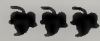
THE word has gone forth, and we are no longer to be enfolded in our little yellow wrapper, but to become incorporated in the "wearing of the green." Knowing the supreme excellence of THE AMERICAN JOURNAL OF NURSING, we are well content to be embodied among so much worth, trusting that this may be an added means of extending its usefulness. Therefore we wish to every reader and every member of the staff a very happy and prosperous New Year. The regular meeting in November was held on the 21st at the Training-School, at eight P.M. In the absence of the chaplain the service was read and the address made by the rector's assistant of Grace Church, Orange, the Rev. Oscar Moore, Jr. He also presided at the business meeting which immediately followed. A very interesting report was brought back from Chicago and read for the occasion by the associate member, the active member giving us many interesting details in a less formal manner. The expenses for the delegates were voted on and ordered to be paid, so far as the treasury permitted. It was ascertained that the fund was sufficient to meet the demand. A small sum was voted on to provide materials for the sewing parties now being held on the first Thursday in each month for the fair we expect to elaborate in May. Donations of materials and finished work are now the order of the day, and each must try to bear her own share in this important work, admitting of no excuse, for we all may need to share the sick fund, which it is to augment; or if we will make no use of it ourselves, then let us help those who need it more.

We very much appreciate the compliment paid to our branch by the election for general secretary of our local secretary, and we feel sure that all will learn to know her worth, even as we do.





## PRACTICAL HINTS



THE following recipe has been supplied by Miss M. A. Fuller, diet instructress at Lakeside Hospital, Cleveland, O. It has been found to be an unusually acceptable dish to most patients:

*Cranberry Frappé*.—One quart cranberries, one quart water, one pint sugar, juice one lemon.

Cook cranberries in water until soft, strain, add sugar, and cook until dissolved. Let cool, then add lemon-juice and freeze. Serve in glasses with spoonful whipped cream.

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HEALTH OFFICER FRIEDRICH, in Cleveland, has decided that sponges used by the school-children to wash their slates must be abolished, to be substituted by rags, which may be burned at the close of the day's session. Dr. Friedrich says: "A child's sponge becomes dry and he expectorates upon it. That child may not have diphtheria or may not get it, but still his mouth, perhaps, is full of diphtheria germs, which are carried through the air when the sponge dries."

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THE Philadelphia County Medical Society has placed the seal of its disapproval upon what is known as the Ten-Weeks' Nursing School, of Philadelphia, by deciding that no graduate of that school shall be admitted to registry on the list of nurses. The members of the society have shown their substantial appreciation of those who spend two or three years in fitting themselves for their work, and are to be heartily commended for their action.

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IN preparing an enema it is well to bear in mind our training-school instruction that we must always use a thermometer to test the temperature of the water. At the time of preparation the water should be 105°, so that allowance may be made for necessary delays, and the temperature of the solution be 100° or blood heat by the time it reaches the bedside.

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A BOTTLE baby should be taught to take its food in fifteen-minutes' time. To do this it is necessary to hold the bottle in such a way that the food will come through the nipple in rapid drops, not a running stream. The nipple and neck of the bottle must be kept filled with the food, or otherwise the child will draw in air.

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IN order that the young baby may become somewhat accustomed to the bottle and fight less against it at weaning time, it is a good rule to give the customary daily amount of water in a bottle and through a nipple, instead of in a spoon.

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WHEN necessary to draw out the nipple of a nursing woman and a breast-pump is not available, a heated bottle with narrow neck makes a good substitute.

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THERE are more cases of "heart disease" resulting from over-eating than from any other known cause.



# OFFICIAL REPORTS OF SOCIETIES

IN CHARGE OF  
MARY E. THORNTON



## ANNUAL LUNCHEON OF TORONTO GENERAL GRADUATES

A MOST enjoyable affair was the luncheon given by the Alumnae Association of the Toronto General Hospital Training-School on November 13. The guests were received by Mrs. Paffard, the president of the association, in a beautifully decorated Turkish room. Seventy-seven ladies sat down to the luncheon, which was served in an adjoining room. The tables were tastefully decorated with chrysanthemums, and at each plate were bunches of violets and maiden-hair fern tied with purple ribbon.

The guest of honor on the occasion was Miss Palmer, editor of *THE AMERICAN JOURNAL OF NURSING*, whose name and work are well known to Canadian nurses.

The toasts were proposed by Mrs. Paffard, that of "Canada" being responded to by Miss Gordon, superintendent of the Emergency Hospital, Toronto, while Miss Stewart responded to "Alma Mater." "Superintendents of Training-Schools" was responded to by Miss M. A. Snively, honorary president of the association and superintendent of Toronto General Hospital Training-School. Miss Snively said that as long as a nurse is a nurse merely, she is the theme of the poet and the painter. Let her, however, assume the duties of a superintendent, and thenceforward she represents the unpopular part of the profession. She spoke also of the difficulty of selecting the right material from the multitude of applicants, and read a number of letters showing how very unfit for the work many are who apply.

"The Class of 1901" was responded to by Miss Roberts. She compared the nurse starting out on her career after leaving the hospital to the Cape Breton fisherman, who, when he goes out in his boat, prays, "Keep me, O God. Thine ocean is so vast and my boat is so small."

Dr. Helen Macmurchy ably responded to "The Medical Profession." She referred to the graduating class being the guests of the association, and compared their reception by the older graduates to a custom existing in England. When a new peeress takes her place for the first time at any public function, all the other peeresses rise to do her homage, even the grand old dowager duchesses, who hold the social destiny of England in the palms of their wrinkled old hands. "So," said Dr. Macmurchy, "these women, who have been in the profession for years, some of whom hold high and responsible positions, greet and recognize you as equals."

Miss Palmer was most enthusiastically received when she rose to respond to "The Press." She referred to the influence of books as a factor in the march of civilization, more especially to the general utility of official magazines in the development of the professions, even trades and crafts having such journals, and she drew a picture of the office of a progressive physician,—the walls lined with medical books, floor, tables, and chairs littered with medical journals,



—comparing with it the room of the average nurse, with its few nursing books and possibly one nursing journal, showing that without more literature the nursing profession must soon reach its limit of development, when retrogression will follow as the natural result of inaction

Mrs. Jean Blewett, the Canadian poetess, also responded for "The Press." She spoke of her admiration of the profession of nursing, and said that if she had not been a housewife she would like to have been a nurse. She then read an ode composed specially for the occasion:

"THE WHITE-CAPPED NURSE.

"She is the flower of womanhood,  
This white-capped nurse, who takes her post  
Beside the sick, and lends her strength  
Unto the ones that need it most.  
No wav'ring of her courage high,  
No mist of tears her true eyes dim,  
'Tis hers to meet the foot-pad, Death,  
And by her skill to conquer him.

"Methinks she is God's messenger,  
With healing and with hope in store,—  
The dew of health for pallid cheek,  
The strength to make life glad once more.  
Great is thy task, and thy reward  
Lies not in fame or brodered purse,  
But in the Great Physician's hand.  
So do thy noblest, white-capped nurse."

A very happy afternoon was then brought to a close by the singing of "Auld Lang Syne."

JULIA F. STEWART.

BROOKLYN HOSPITAL ALUMNÆ

THE Brooklyn Hospital Alumnæ Association met at the Training-School November 5 (Tuesday), Miss Van Ingen in the chair. There were twenty-five members present. The reports of the secretary and treasurer were read and approved.

A letter from Miss Thornton was read, kindly consenting to attend the next meeting and address the members on the subject of State organizations, after which the subject of a club-room was discussed, voted on, and rejected. A letter was read from Miss Hewback, and an appeal from Dr. Grace Watkins for help in building a hospital in Porto Rico. The subject was discussed and it was decided to take up a collection among the members present. After the meeting adjourned the sum of fifteen dollars and twenty-five cents was collected, and the next day we received a donation of ten dollars from Mrs. Sheldon, a patient of Miss Ella Percy.

The course of study was next brought before the meeting by the reading of a letter from Miss Tippet, of Boston. It was then decided by vote that the list of subjects given in THE AMERICAN JOURNAL OF NURSING for December, 1900, would be satisfactory for this year. A letter from the secretary of the



Long Island Nurses' Alumnæ (Mary Tweedale) was read, asking us to join them in the course of study this year, as we did last. It was decided if we did take up a course of study, we would join them.

A motion was made that a full report of our monthly meeting be sent to *THE AMERICAN JOURNAL OF NURSING*. It was carried.

A motion was made that a letter of regret be sent to Miss Merritt regarding her resignation. The motion was carried by a standing vote.

A suggestion was laid before the members as to the advisability of starting a nurses' retirement fund. This subject was not discussed.

The meeting then adjourned, the next meeting to be held December 3, 1901.

J. GRANTHAM,  
Secretary.

#### ST. LUKE'S, CHICAGO

THE regular monthly meeting of the Alumnæ Association of St. Luke's Training-School of Chicago was held Friday, November 22, at three P.M., at St. Luke's Hospital.

A most delightful talk on parliamentary law was given by Mrs. John Sherman, and it was afterwards voted to give the association the benefit of a course of ten lessons under Mrs. Sherman, to begin the second Friday in January and continue every other week.

Two new associate members were added to our list, and Miss Maltby's resignation from the association was accepted.

The day for the regular meetings was changed to the third Wednesday in each month.

ANNIE LOUISE PEARCE,  
Secretary.

#### PATERSON GENERAL ALUMNÆ

THE regular meeting of the Alumnæ Association of the Training-School for Nurses of the Paterson General Hospital was held at the hospital on Tuesday, December 3. The president, secretary, first and second vice-presidents not being present, Miss Rosine Vreeland was chosen to act as president pro tem. and Miss Florence Demarest as secretary. The roll-call showed nine members present. After the regular business the subject of the New Jersey State Nurses' meeting, which had been called to meet at Newark City Hospital on the following day, was discussed, and the members present were urged to attend that meeting, each one agreeing to do so if possible, with the result that the Paterson General Hospital Alumnæ was represented at the meeting by eleven of her members, each becoming a charter member. After business was over the Entertainment Committee served a delicious afternoon tea. While it was being prepared the corresponding secretary read a very full and interesting report of the Nurses' Congress, which was held at Buffalo in September. This report had been prepared by the delegate to the Congress, Miss M. J. Stansfield.

#### ALLEGHENY GENERAL

THE Nurses' Alumnæ Association of the Allegheny General Hospital held the first meeting of the season at the hospital October 7 at eight P.M.



Officers elected for the coming year were as follows: President, Miss M. Estelle Macmillan; vice-president, Mrs. Pauline Welsh; treasurer, Miss C. Estelle Lohr; recording secretary, Miss Margaret L. Orr; corresponding secretary, Miss Isabel Chaytor; assistant secretary, Mrs. Emma Harley.

A committee was appointed to discuss ways and means of increasing the endowment fund.

A very interesting report was given by Miss Hendrickson of the International Congress of Nurses held at Buffalo.

Our Association wishes to express their thanks for the many courtesies extended to our graduates attending the Congress.

ISABEL CHAYTOR,  
Secretary.

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#### ST. LUKE'S, NEW BEDFORD

AN Alumnae Association of the St. Luke's Hospital Training-School, New Bedford, Mass., was organized at a mass-meeting of the nurses held in the hospital assembly-room on Thursday, November 14, 1901.

A constitution and by-laws were adopted and the following officers elected: President, Miss Cora E. Fish; vice-president, Miss Nellie F. Cummings; secretary, Miss Jessie L. Warriner; assistant secretary, Miss Azubah C. Dexter; treasurer, Miss Hannah P. Lawrence.

These officers with seven additional constitute a Board of Directors.

The present superintendent of the Training-School, Miss Clara D. Noyes, whose interest and enthusiasm have been of invaluable assistance to the nurses in organizing, was elected to an honorary membership.

J. L. WARRINER,  
Secretary.

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#### BROOKLYN HOMŒOPATHIC

THE annual meeting of the Brooklyn Homœopathic Hospital Alumnae was held on Wednesday, November 6, with good attendance.

During the year eight new names have been added to the membership.

After disposing of the regular business the meeting listened to an interesting report by Miss Park, our delegate to the Congress of Nurses at Buffalo.

The advisability of the endowment of a chair in hospital economics of Columbia University was one of the points touched upon. Miss Alline suggested the importance of keeping the matter in mind both as a society and individually.

Election of officers for the year resulted as follows: President, Miss C. D. McKee; vice-president, Miss E. L. Park; secretary, Miss E. Blair; treasurer, Miss H. A. Taber; auditor, Miss K. Fanning.

E. BLAIR,  
Secretary.

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#### BELLEVUE ALUMNÆ, NEW YORK

THE regular meetings of this association have been resumed. At the meeting on October 17 Miss Schenck, the president, gave a very full and interesting account of the International Congress of Nurses and the convention of the Trained Nurses' Associated Alumnae of the United States.



## THE BROOKLYN HOSPITAL ALUMNÆ

THE Brooklyn Hospital Alumnæ Association met at the Training-School on Tuesday, December 3, and was called to order at half-past three by the president. Seventeen members were present. The secretary's and treasurer's reports were read and approved. A letter from Miss Merritt was read, thanking the alumnæ for their letter of regret at her resignation.

Miss A. E. Williams and Miss M. A. Brown were proposed for membership and accepted. Miss Thornton addressed the meeting on "State Registration."

A circular was read from a committee of nurses of the City Hospital of Newark, N. J., announcing a meeting to be held at that place on December 4, and asking that we send delegates.

A letter was read from the Misses Everett and Phymister, deciding to give up the idea of having a house as a club registry for our graduates.

Miss Van Ingen spoke of a registry to be kept by Mrs. Van Linden. The meeting then adjourned for the usual social entertainment.

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NURSES' ALUMNÆ ASSOCIATION OF THE MASSACHUSETTS GENERAL HOSPITAL

THE regular monthly meeting of the Boston and Massachusetts General Hospital Training-Schools for Nurses was held at the Thayer Gymnasium on November 26 at two P.M. The report of the previous meeting was read and accepted and ordered placed on file.

The resignation of Miss M. B. Brown as first vice-president, which had been tendered at the previous meeting but had not been formally accepted, was, upon motion of Miss Rice, accepted with regret.

Miss Pauline Dolliver was then elected vice-president in place of Miss M. B. Brown, resigned.

A motion asking that the monthly roll-call be omitted was lost. A motion was then made that the roll be called quarterly only. This motion was also lost. The roll was then called and showed forty-seven members present.

Miss Rice then read the following resolutions upon the death of Miss Ada Thayer:

"WHEREAS, Our associate, Miss Ada E. Thayer, has been removed from our midst by death:

"*Resolved*, That we, the members of the Boston and Massachusetts General Hospital Alumnæ Association, extend to the family of Miss Thayer our heart-felt sympathy in their bereavement.

"*Resolved*, That a copy of these resolutions be sent to Miss Thayer's family and to THE AMERICAN JOURNAL OF NURSING.

"M. B. BROWN,

"F. F. RICE,

"Committee."

Miss Dolliver reported that she had in her possession one hundred and twenty-eight dollars which had been contributed by individual members of the alumnæ for a piano for the nurses' home. Since this contribution was started a piano has been presented to the Training-School by Mrs. Cheney, and Miss Dolliver asked to be instructed as to how the funds in her hands should be expended. It was voted to ask Miss Dolliver to use the money in any way that she thought best for the benefit of the Training-School.



A very interesting discussion then took place on the paper which recently appeared in the *News Letter*, and later in the *Boston Medical and Surgical Journal*, entitled "Suggestions for the Improvement of Training-Schools for Nurses," by Dr. Richard Cabot.

Miss F. F. Rice opened the discussion, dwelling largely on the financial aspect of the question. She thought the long hours required in most hospitals gave to the institution more than equivalent for the nurses' board and tuition. If nurses were sent out for private duty during their training, she thought that the compensation should go to the nurse rather than to the hospital, thus enabling the nurse to pay for her tuition if necessary.

Miss Tippet thought that if only nurses were accepted for training who could afford to pay cash for their education, that many fine nurses would be lost to the profession.

Miss Dolliver was asked how much paid instruction was given at the Massachusetts. She stated that the teachers in special branches, namely, cooking and massage, were the only paid teachers, aside from the superintendent and her assistants. It was thought that physicians should be engaged with a proper compensation to teach the nurses their anatomy and physiology.

The nurses quite agreed with Dr. Cabot's second proposition, that nursing should be taught by nurses and medicine by physicians.

Miss Fox, Miss Parker, Miss Morris, and many others took part in a very animated discussion of other parts of this paper, which awakened much thoughtful interest in the nursing profession.

The meeting adjourned for a social half hour. Tea and light refreshment were served.

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#### CONFERENCE OF CHICAGO GRADUATES

A JOINT meeting of St. Luke's and the Illinois Training-School Alumnae Associations for Nurses was held at the rooms of the Visiting Nurse Association, Chicago, on Wednesday afternoon, November 6, at three P.M.

The subject for the meeting was State registration for nurses, and a most admirable paper on "What has Already been Accomplished and what Remains to be Done for its Attainment" was read by Miss Harriet Fulmer. Mr. Milton J. Foreman gave a most helpful talk on the political and legal aspect of the subject, and Miss Jane Addams spoke on the benefit of State registration to the public.

The addresses were followed by a general and informal discussion, refreshments being served.

ANNIE LOUISE PEARCE,  
Secretary.

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#### DUTCHESS COUNTY GRADUATE NURSES' CLUB

THE annual meeting of the Dutchess County Graduate Nurses' Club was held in the club-room November 11 at eight P.M. The meeting was called to order by the president, and the following report was read by the secretary:

"In presenting a report for the first year of its organization, the Dutchess County Graduate Nurses' Club is glad of an opportunity to express its appreciation of the interest and encouragement given it by the physicians of the city and county. We have now thirteen members actively engaged in nursing in Poughkeepsie.



"We have had the following lectures: 'Professional Etiquette,' Dr. G. M. Kimball; 'Modern Surgery,' Dr. J. E. Sadlier; 'Progress of Sanitation in the XIX. Century,' Dr. E. B. Thelberg; 'Homœopathy,' Dr. J. G. Otis; 'Obstetrics,' Dr. C. E. Lane; 'The Care of the Insane,' Dr. F. Mann; 'Our City Water,' Dr. J. W. Poucher; 'Dietetics,' Dr. L. C. Wood; 'Bacteria,' Dr. A. L. Peckham; 'The Eye,' Dr. Barnum; 'Children's Diseases,' Dr. J. H. Otis; 'State Legislation for Nurses,' Miss L. L. Dock. To the physicians who have given these valuable lectures we would express our thanks.

"The club-room has been prettily furnished and we have many nursing and medical magazines. We offer our thanks to the kind friends who have so generously donated books, pictures, and furniture.

"Several pleasant social meetings have been held in the club-room. On the evening of June 25 a moonlight sail was given. This was our only attempt to earn money for the club and was a decided success. The members of the club had a dinner at Smith Brothers' restaurant to celebrate their first anniversary.

"The year which has just closed has brought much to cheer and encourage us. We have two new members. There has been much illness among us, but no one has been taken away, and in an educational and social way the club has been a success, helping us to be true women, broad-minded and progressive nurses."

After the secretary's and treasurer's reports were read the following officers were elected for the coming year: President, Miss E. I. Burroughs; vice-president, Miss H. P. Ferguson; secretary, Miss M. G. Moore; treasurer, Miss Jennie Walker.

MARY J. BLESS,  
Secretary pro tem.

#### LOCAL ASSOCIATION, NEW YORK

A MOVEMENT is being made in the direction of forming a local association of the nurses of New York. A society of this sort has long been a crying want in this city, the Mecca of the graduate nurse, but forming an organization, always a stupendous piece of work, is rendered the more difficult for us by the very circumstances that cause us to feel the great need for such, so that, upon analysis, it is not strange that steps towards organization have been delayed. However, now that it is an assured thing, let each one hasten to identify herself with the New York Nurses' Local Association, and become acquainted with and a factor in the several lines of work having a direct influence upon the conditions surrounding her life as a nurse. Isolated she must be if she is in this city affiliated with no association, ignorant of much that pertains to her well-being and success. Letters addressed to this department, 143 East Thirty-fifth Street, will be given prompt attention. Superintendents would help materially by asking those of their graduates located in New York City to send their names.

M. E. THORNTON.

#### THE AMERICAN SOCIETY OF SUPERINTENDENTS OF TRAINING-SCHOOLS FOR NURSES

THE council meeting of the society was held in Detroit at Farrand Training-School, the residence of the president, on February 27. There were present Mrs. Gretter, Miss Alline, Miss Gross, Miss Keating, Miss Snively, and Miss Dock.



According to the custom of the society of meeting in the home of the president, the next annual meeting will be held in Detroit, and the dates were fixed for Tuesday, Wednesday, and Thursday of the second week in September, 1902.

The arrangement of the programme was the work before the council.

The subject of "The Principles of Discipline" will be taken up; "Preparatory Training" will be thoroughly discussed from several stand-points, and "Suggestions for the Improvement of the Third Year's Training" will include a number of short papers. "State Legislation and Registration for Nurses" and a paper on "Training-School Examinations and Markings" will complete the programme.

The society will not publish an annual report this year. As the Buffalo meetings were purely business meetings, the report for this year will be incorporated with that of 1902, to be issued after the Detroit meetings next September.

The new forms of application for membership according to the revised constitution are now ready and may be had from Mrs. Gretter, Farrand Training-School, Detroit. The council hopes that all heads of training-schools and hospitals will now consider membership. While the secretary tries to stir up interest in joining by writing to such women as she may know of, this is at best a desultory and limited way of reaching those who are eligible and who are hereby invited to become members.

L. L. Dock,  
Secretary.

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#### NEW YORK

MANY of the members of the Associated Alumnæ are planning for a thorough course in parliamentary law. This course is to cover about ten weeks, beginning in January. Full particulars may be obtained by writing to the department, 143 East Thirty-fifth Street, New York.

M. E. THORNTON.

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THE Garfield Hospital Alumnæ Association of Washington, D. C., have enjoyed two very interesting talks on parliamentary law, given by Mrs. Foster, and will take the subject up more thoroughly during the winter under her guidance.

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#### AN ACKNOWLEDGMENT

IN the report of the proceedings of the second annual meeting of the Spanish-American War Nurses, the sending of a telegram of condolence on the death of President McKinley was noted. The following reply has been received by Dr. McGee:

"EXECUTIVE MANSION,  
"WASHINGTON, September 20, 1901.

"DEAR MADAM: The President requests me to thank you, and through you the members of your organization, for the kind message sent him, which he sincerely appreciates.

"Very truly yours,

"GEO. B. CORTELYOU,

"Secretary of President.

"Dr. Anita Newcomb McGee, Washington, D. C."



## NEW YORK INFIRMARY

ON Wednesday evening, November 27, 1901, the Alumnae Association of the New York Infirmary Training-School for Nurses held a meeting in the college building adjoining the hospital. The meeting was enjoyed by all. It was gratifying to have several members from out of town, who met their classmates for the first time since graduation. The meeting was principally social, although very interesting reports from the Nurses' Congress at Buffalo were heard, after which a light supper was served. Then each took her way home with hopes of meeting again in January, feeling it was good to be there.

MRS. M. E. INMAN,  
Secretary.

## MISS MALTBY JOINS A SISTERHOOD

MISS FRANCES MALTBY, Class of '97, St. Luke's Training-School for Nurses, Chicago, has resigned from the Alumnae Association of said school. She will join the sisterhood at Kenosha, Wisconsin, at which place she has found her work for the past two years.

## NATIONAL COUNCIL OF WOMEN

At the annual session of the National Council of Women at Buffalo the following resolution was offered by the Loyal Women of American Liberty.

It was decided that said resolution should be sent out to our several organizations with instructions as follows:

"That this resolution be reported to the executive of every organization within this council, with the request that each society shall make the consideration of this resolution a special order of business, and shall, prior to the triennial, report their action to the corresponding secretary, who shall be authorized to follow this matter up and report the action of every society." Carried.

## RESOLUTION.

"WHEREAS, There is at present in the United States untaxed property to the amount of fully three billions of dollars; and

"WHEREAS, The greater part of this untaxed property is productive, in the sense that it produces a revenue over and above its immediate necessities; and

"WHEREAS, A fundamental principle of our constitution is that there shall be no union between church and state; and

"WHEREAS, In exempting from taxation such an enormous quantity of church property we are hereby uniting church and state, and placing a heavy additional burden upon the taxpayer; therefore

"Resolved, That we, the National Council of Women, in convention assembled, hereby request our National and State Legislatures to pass such laws as will exempt from taxation only such properties as are used for purely public purposes and are non-sectarian.

"MRS. I. C. MANCHESTER."

N.B.—Organizations are requested to give this matter attention and to report their conclusions to the corresponding secretary, Mrs. Kate Waller Barrett, 218 Third Street, N. W., Washington, D. C.

FANNIE HUMPHRIES GAFFNEY,  
President.



## NEW YORK STATE MEETING

THE New York State Nurses' Association meeting will be held on Thursday and Friday, January 30 and 31, in the Academy of Medicine, 17 West Forty-third Street, New York City, at ten A.M.

The business before the meeting will be the adoption of by-laws and consideration of the first steps to be taken towards securing legal status. Nurses from over the State who wish to inquire about boarding-places may write to Miss Thornton, 143 East Thirty-fifth Street, who will give them addresses of nurses' boarding-houses.

E. C. SANFORD,  
Secretary.

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MISS EVA ALLERTON, the superintendent of the Homœopathic Hospital of Rochester, N. Y., is to occupy the pretty cottage erected for her use by a member of the hospital Board of Managers. Miss Allerton has had with her for several years a niece and nephew, and in her new house she is able to enjoy something of home life, which is not possible in a large institution. The house is most artistic in its appointments, and sufficiently near to the main building for practical convenience. We think Miss Allerton is the first woman superintendent to be given the privilege of a separate home.

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## MARRIED

MISS OLIVE JACOBS, a graduate of the Toledo Hospital Training-School for Nurses, was married November 30 to Mr. Edgar A. Wisner, of Jonesville, Mich.

MISS MARGARET A. MULLEN, a graduate of Garfield Memorial Hospital, was married August 28 in Philadelphia, Pa., to Dr. John Rome.

MISS LELIER PIZZINI, Class of '98, Garfield Hospital, was married August 23 in Washington, D. C., to Mr. James Ryan, of Baltimore, Md.

IN Brooklyn, N. Y., November 14, 1901, by the Rev. John Willey, D.D., Mr. L. Emory Barnett to Miss Clara Rickard. Miss Rickard is a graduate of the Class of 1900, Memorial Hospital, Brooklyn, N. Y. Mr. and Mrs. Barnett will reside at Raymondville, St. Lawrence County, N. Y.

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OBITUARY

HENRY W. FULLER, who for nearly twenty-eight years was employed at the Hartford Hospital as apothecary and clerk, died recently at his home of heart disease after an illness of ten days. Mr. Fuller leaves a wife, who was Miss Mary Denison, a graduate of the Training-School of the Hartford Hospital, and one son, Harold, fourteen years of age.

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# FOREIGN DEPARTMENT

IN CHARGE OF  
LAVINIA L. DOCK



## THE SCHOOL FOR NURSES OF THE MAISON DE SANTÉ PROTESTANTE, BORDEAUX

WE are indebted to Dr. Anna Hamilton, of France, for an account of the School of Nursing in connection with the "Maison de Santé" in Bordeaux, over which she has supervision. Dr. Hamilton is becoming well known to English and American nurses through her interest in nursing work and her writings on the subject, her report to the International Council of Nurses having appeared in the November number of *THE AMERICAN JOURNAL OF NURSING*. This school in Bordeaux was mentioned in that report as being the only one conducted on lines similar to ours, and in the pamphlet just sent to us we read that the practical teaching and the daily routine are modelled upon the training-school system as we know it here and in other countries.

The school takes two classes of pupils,—internes, who enter for a two-years' course, and externes, who take a "first aid" course in the dispensary or out-patient department.

The two-year pupils must present qualifications such as our schools require, and are provided with board, lodging, and laundry. Their hours of work and off-duty time are patterned after the English hospitals (about twelve-hours' duty daily), and they wear a uniform which does not seem to include a cap. The "Maison de Santé" has sixty-eight beds for patients, with a general service. The theoretical teaching covers eight hours in the month during the first year and twelve a month during the second year, and consists of lectures from the physicians, with additional classes given by the directress of nurses. Four examinations are held in a year.

The first-year lectures treat of anatomy and physiology, hygiene, minor surgery, and medicines, while the second year takes up the study of diseases and the care of children.

The pupils pay for their instruction, but eight scholarships are provided for desirable applicants of insufficient means.

We congratulate Dr. Hamilton on her undertaking, and wish her much success. It is hard for us to realize what up-hill work hers is, France being far behind in nursing as we know it.

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### THE DUBLIN NURSES' CLUB

THE first annual meeting of the Nurses' Club was held on Wednesday evening, November 13, at half-past seven.

The president, Miss Huxley, gave a very gratifying account of the progress of the club.

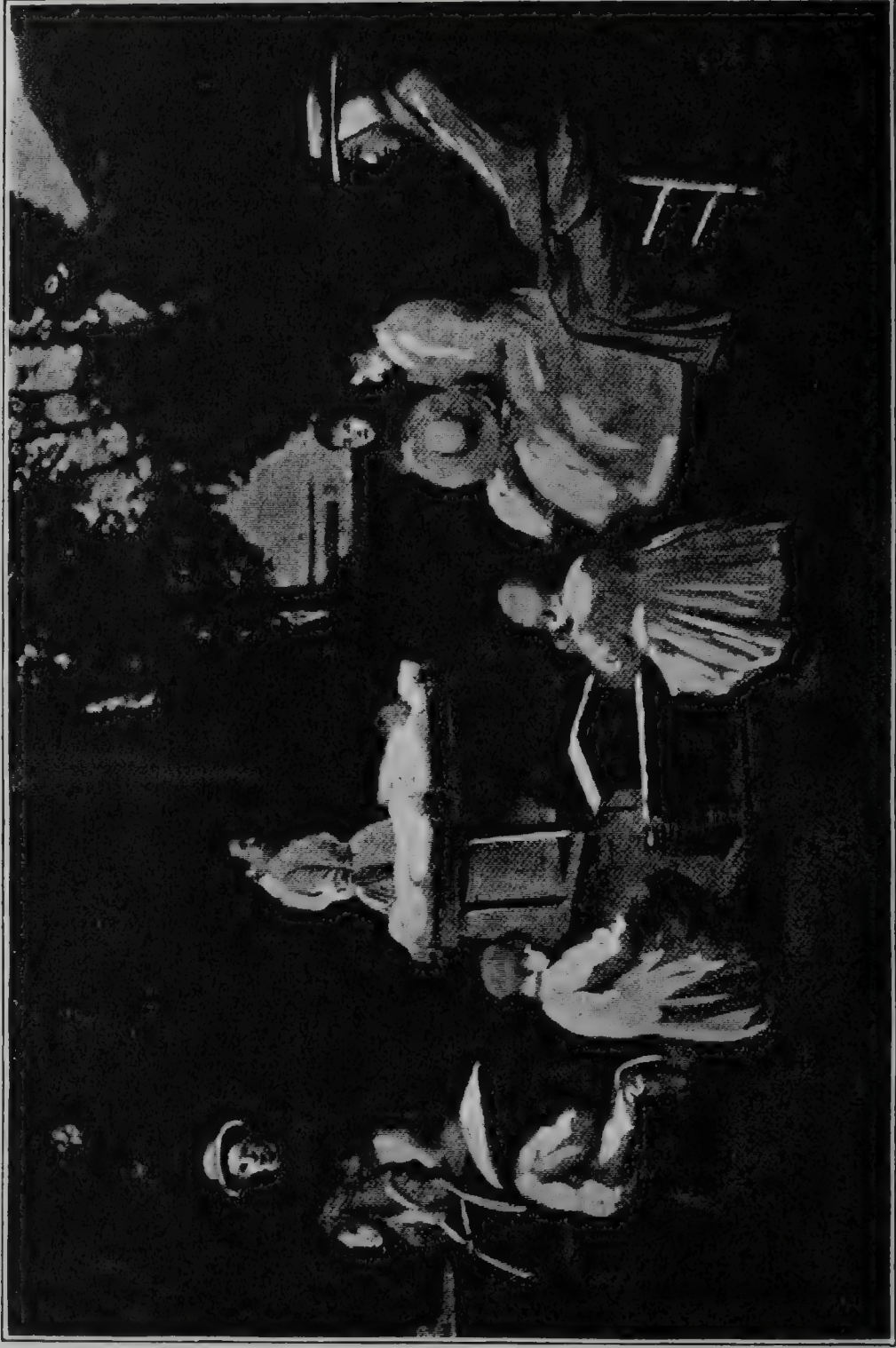
During the year about four thousand visits were paid by the members, who number over five hundred, and they introduced more than three hundred visitors.





CHANGING THE BED, SCHOOL FOR NURSES, BORDEAUX





THE GARDEN OF THE SCHOOL FOR NURSES, BORDEAUX



The financial statement submitted was satisfactory, the accounts closing with a good balance, showing the appreciation with which this new movement has been received by the nurses.

Miss MacDonnell was elected vice-president for the ensuing year, and in order to develop the work and deepen the interest of the members three sub-committees were formed to arrange for lectures, provide a library, and organize social evenings. The dates of various lectures were announced, and the members expressed themselves as being deeply grateful to the medical profession for their kind help in giving them.

We heartily congratulate the nurses on having succeeded in organizing such an important movement, and wish them every success.

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November 25, 1901.

DEAR MADAM: Our committee met on Friday last to welcome home our delegates, Miss Wood and Miss Hughes, and to receive their reports.

I am desired by the committee to write to you and ask you to convey to the Organizing Committee of the International Congress of Nurses our appreciation of the generous hospitality shown to our delegates. The cordiality of their reception and the kind thought taken in every detail for their comfort has much impressed the representatives of the various societies which united to send out Miss Wood and Miss Hughes, and we thank you heartily.

We hope to have several meetings to hear our delegates' experiences and are sure we shall learn much from them.

It is a satisfaction to know that though details of management must differ in different countries, our aims for the consolidation and wider development of the nursing profession are in principle the same.

The enthusiasm inseparable from a younger organization is most encouraging to us, who have battled for so long under our revered chief, Miss Nightingale, for a high standard of nursing, both ethical and technical. We rejoice to find that our experiences, even our mistakes, are proving helpful to those newer countries whose friendly professional relations with us we value so greatly.

Believe me to remain, dear madam,

Yours faithfully,

ROSALIND PAGET,

Honorary Secretary pro tem. Sectional Committee (Nursing).

*To Miss Dock.*

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[The following extract from a letter written by a nurse in Manila is of special interest.—ED.]

"I have completed two years and two months in the Philippine Islands, and it does not seem like one year.

"I should like to have been with you at Buffalo this September. No doubt the meeting was very interesting. But the Exposition has its sad memory, the assassination of our beloved President McKinley. The news shocked us very much. The funeral services in Manila were grand. September 19, in the morning, music, addresses, and sermons were delivered in the Marble Room of the 'Ayuntamiento,' or executive building, and at noon military ceremonies were held on the Lunetta.

"That was a grand sight. The Lunetta is bounded on one side by the Manila Bay, and the 'White Squadron' was lined up, facing it. All during the



ceremony salutes were fired. An immense throng of people were gathered, representatives of all nations, and the Filipinos came in from all the provinces. All Americans and American sympathizers are wearing mourning for thirty days, and all flags are at half-mast.

"In connection with the military services solemn prayers were offered by the Archbishop in the Catholic Cathedral (Spanish). The services were very impressive and the music grand, rendered by a Filipino orchestra and boy choir."

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#### OUR DELEGATES ARE ENTERTAINED

THE Society of American Women in London invited the English delegates to the International Congress of Nurses to a reception on November 29, where addresses were followed by a social gathering. Tickets were sent to a proportionate number of members of the various societies represented by our delegates.

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#### REGISTRATION IN NEW ZEALAND

NEW ZEALAND has passed a very comprehensive bill giving legal status to the nursing profession. As soon as our space permits we hope to give the main feature of this important legislation in detail.

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#### ITEMS

WE have received the *St. John's House News*, another nursing publication similar to the *St. Bartholomew's League News* and our alumnæ journals. We welcome it as another sign that the members of our sisterhood are learning self-expression, and are feeling the need of being in relation with one another.

The keynote is struck by the editorial in the words, "We are not solitary units in the world, but parts of a great whole." The *News* gives an account of the organization of the League of St. John's House, the constitution, addresses made, and contains interesting letters from absent members, items of personal interest, and lists of members.

FORTY English nurses have left England to work in the "concentration" camps of South Africa. A committee of women having been deputed by the Secretary of State to report upon the condition of these camps, it is supposed that the need for nurses has been impressed upon the authorities by these women. We rejoice in every such extension of the functions of women as citizens and public workers. Every such instance reiterates the proof that their influence is always for civilization and humanitarianism. No doubt the nurses will do fine work, but they must certainly be saddened in the doing of it, as we all so often are, by realizing that the misery we see is largely avoidable and unnecessary.





# CHANGES IN THE ARMY NURSE CORPS



## CHANGES IN THE ARMY NURSE CORPS RECORDED IN THE SURGEON-GENERAL'S OFFICE FOR THE MONTH ENDING DECEMBER 6, 1901.

BUCKLEY, MARY E., transferred from the First Reserve Hospital, Manila, P. I., to duty on the transport Sheridan en route to the United States.

Charlton, Anna M., transferred from the First Reserve Hospital, Manila, P. I., to duty on the transport Sheridan en route to the United States.

Cochran, Lillian E., formerly on duty at the General Hospital, Fort Bayard, N. M., discharged.

Colcleugh, Ada, transferred from Military Hospital, Iloilo, Island of Panay, to First Reserve Hospital, Manila, P. I.

Cooke, Minnie, formerly on duty at Columbia Barracks, Quemados, near Havana, Cuba, discharged.

Deans, Rachel Ann, transferred from the First Reserve Hospital, Manila, P. I., to duty on the transport Sheridan en route to the United States.

Hanbury, Anna A., transferred from temporary duty at the General Hospital, Presidio, San Francisco, to the transport Meade en route to the Philippines.

Hughes, Clara E., transferred from the First Reserve Hospital, Manila, P. I., to the Sheridan en route to the United States.

Krauskopf, Lilian, arrived in Manila October 17 on the Warren and assigned to duty at the First Reserve Hospital.

Locke, Bessie R., arrived in Manila October 17 on the Warren and assigned to duty at the First Reserve Hospital.

Lyons, Mary V., transferred from Fort Keogh, Mont., to duty at the General Hospital, Presidio, San Francisco.

Macdonald, Mary D., transferred from Fort Keogh, Mont., to duty at the General Hospital, Presidio, San Francisco.

McKelvey, Mary J., arrived in Manila October 17 on the Warren and assigned to duty at the First Reserve Hospital.

Mahlum, Helene, recently serving temporarily at the General Hospital, Presidio, San Francisco, discharged.

Meech, Marietta L., formerly on duty at the General Hospital, Presidio, San Francisco, discharged.

Perkin, Willessie, arrived in Manila October 17 on the Warren and assigned to duty at the First Reserve Hospital.

Unger, B. Matilda, transferred from duty at the First Reserve Hospital, Manila, P. I., to the transport Sheridan en route to the United States.

Waelty, Louise, formerly on duty at the General Hospital, Presidio, San Francisco, discharged.

Yeamans, Laura E., transferred from the First Reserve Hospital, Manila, to the Santa Mesa Hospital, near Manila, P. I.



## LETTERS TO THE EDITOR



[*The Editor is not responsible for opinions expressed in this Department.*]

WINNIPEG, MANITOBA, CAN.

DEAR EDITOR: May I have space in your pages to say a few words on a subject in which I am deeply interested, that of life-insurance? Don't you think that, taking our profession as a whole, the nurses are a most improvident class? From my experience in "rubbing up" against graduates from many schools the cry always seems to be, "Oh, I have no ready money." Now, "Where does it go?" is what I have often asked myself. Then when a nurse gets sick she usually has to apply to her *alumnæ* for assistance.

The trouble seems to me to lie in the fact that most women who take up nursing have very little business training in money matters. The majority go from home to the training-school, and when graduated have not the business mind to count the probable expenditure before frittering away the income on dress, books, amusements, etc.

I am not for a moment saying *all* do that, but just now I have at least eight nurses in my mind who are always "hard up," and each nurse comes from a different school.

Now, don't you think if the superintendents would, in a talk to their graduating classes each year, show the method of balancing accounts and coming out on the "right side" they would not only help a number who have no idea of the rapidly melting quality of income, but also would prevent a number from becoming burdens to their *alumnæ*?

The only way to save money is to have an end and aim in view, and, of course, there are numbers who give freely to the support or education of younger branches of their families; but, taking myself as an instance, I find the best way is to have an object. Now, investment in various stocks is good, but you need a very upright adviser; property is excellent, it can't run away, but it tends to deteriorate, and on the whole, then, I think life-insurance the best,—first, because the payments yearly are not great; secondly, you know you *have* to meet those payments and therefore "save" for them; third, you are assured of a competence after the term is ended by reinvesting same in the company and merely drawing the interest; fourth, should death come before the term, you know that your immediate relatives will benefit.

When such prominent women workers as the late Frances Willard, Lady Henry Somerset, Lady Aberdeen, "Seranus," and many others not only carry life-insurance, but "preach" it to other women, then I think the stamp of genuine good faith is placed on the investment.

In the October number of the JOURNAL there appears an article in which the writer attempts in a most unsatisfactory and unfair way to compare the relative merits from an investor's stand-point of savings-banks and life-insurance companies. The article begins by comparing the returns received at the end of twenty years from an annual investment of fifty dollars, (1) where such investment is



used to purchase a twenty-year endowment policy, and (2) where the fifty dollars per annum is placed in the coffers of a savings-bank and allowed to accumulate at four per cent. per annum. Now, the unfairness arises from two different facts, first, from the fact that a comparison is made at all between two institutions so totally different in aim as a savings-bank and a life-insurance company, and, second, from the fact that in the comparison made the fundamental element of life-insurance, the element of protection, is entirely subordinated to that of investment.

The idea seems to have been entertained by the writer that the insurance company, in addition to carrying during the twenty years the risk of loss arising in consequence of the death of the assured, should return to the assured at the end of the twenty years the full amount paid in with its accumulations of interest. As she finds that this is not done by the insurance company, she at once assumes that the company keeps the accumulations of interest for the sole purpose, to use her own words, "of maintaining expensive office buildings in many large cities and of paying general agents and travelling agents large salaries." She seems to have wholly ignored the most important fact, that while in the case of a savings-bank, should the depositor die before the twenty years have expired, the bank would be liable for only the amount deposited together with the interest thereon, in the case of the insurance company the company would in such event be called upon to pay to the assured's executors the entire face of the policy, which in most cases is greatly in excess of all the premiums paid even when accumulated with interest.

If Miss Y has taken out a fifteen-year endowment policy (miscalled by the writer a fifteen-year term policy), she no doubt appreciates the fact that, as a certain portion of each annual premium is being used to pay for the insurance or protection she is afforded during the fifteen years, the entire two hundred and ten dollars per annum cannot be said to be invested in the same sense as if it had been deposited in a savings-bank.

Finally, in the matter of expenses the writer states that "one-fourth, or twenty-five per cent., of all moneys received from the insured are put out again in rents, salaries, etc., while the savings-bank pays all its expenses with one-half per cent., or one two-hundredth part of the money paid in." In this argument she assumes that the nature of the expenses in the two institutions is identical, and leaves out of consideration the fact that, in addition to the ordinary expenses similar to those of a savings-bank, the insurance company is required each year to meet all death claims resulting from deaths during that year. The paying of death claims is entirely apart from the sphere of the savings-bank, and any comparison as to expenses such as has been made cannot but be most unfair to the insurance company.

Consider the argument put forth by the writer in the case of her Miss Y. Miss Y, if she survive the fifteen years elapsing before the endowment matures, has paid to the company three thousand one hundred and fifty dollars in all, and since the policy held by her is evidently one participating in profits, she receives, in addition to the protection during the fifteen years, not merely three thousand dollars, as stated in the article, but three thousand dollars together with whatever surplus may be allotted to the policy. The annual premium of two hundred and ten dollars when accumulated for the fifteen years at four per cent. amounts to four thousand three hundred and seventy-three dollars, and we are asked the question, "Why should Miss Y present over thirteen hundred dollars to the



insurance company?" Suppose, for example, Miss Y had died after having made but five annual payments of two hundred and ten dollars. Accumulating these payments with interest for the five years, the total sum thus placed in the hands of the insurance company would be eleven hundred and eighty-three dollars, while the company is called upon to pay to Miss Y's executors the sum of three thousand dollars. Might not the counter-question be asked here, Why should the insurance company present over eighteen hundred dollars to Miss Y's executors?

With all good wishes for the JOURNAL and its editors, believe me to be

Yours faithfully,

A. MAUD CRAWFORD.

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#### ECHOES OF THE NURSES' CONGRESS

DEAR EDITOR: Since the Nurses' Congress at Buffalo a number of nurses from different schools have asked me if I were in favor of the Non-Payment System. I have taken some trouble to get the opinion of representative women in the nursing world and of others outside of the profession (but who are interested in nursing), and I have come to the conclusion that the majority is with me in thinking that if the Non-Payment System should become general it would keep very many women out of the profession who make the best nurses. I know a large number of the most successful nurses who acknowledge that they would never have taken up the work if they had to be dependent on their friends for *all* their personal expenses during the two or more years they had to spend fitting themselves for the profession.

There is another point to which I wish to draw your attention; it is this: that it does not necessarily follow that because one woman has plenty of money, that the next, who has very little, is inferior to her in birth, breeding, or education, or in those qualifications required in all those who enter a training-school. It has been my happy experience to know many wealthy young women who possess all these qualities; still, I hold that women who enter the profession with the object of making it the means by which they can become self-supporting are the ones to be encouraged, and should be given vacancies before their wealthy sisters.

The school to which I have the honor to belong could be filled, and kept filled, by young women who would gladly pay a regular sum each year to enter, as in some of the English hospitals. In the early days of the school this was done by many, but since 1880 it has been discontinued.

Some few schools have already instituted the Non-Payment System. Some give the uniform and text-books, and when the course is finished fifty or one hundred dollars to each nurse. One school I heard of has a fund from which the pupil can borrow, to be paid after graduation when she earns it. This plan seems to me very like putting a mortgage on her profession.

Another subject that seems to be troubling a few is "the amount of education required in applicants." It is an erroneous idea to think that because a woman has spent so many years in college, that she must be better educated than the woman who has not.

Some time ago I looked up the educational advantages of the pupils in this school and found that twenty were college graduates, forty graduates of high schools, ten of normal schools, one of Notre Dame in Paris, four of private schools, seven of public schools, and one had private teachers abroad and in this



country. Now, the college graduate did not stand any higher, or even as high, as some of the public-school graduates in either the oral or the written examinations, so it does not always follow that because a young woman has had the advantage of going through a good college that she has superior brains or abilities to the one educated in a less distinguished school. What I fear is, that in the great desire to raise the standard of nursing and in the effort all superintendents are making to keep out a very undesirable element, we may go to the other extreme, and keep out just the women who make the best nurses.

AGNES L. BRENNAN,  
Superintendent of Training-School, Bellevue Hospital.

DEAR EDITOR: One of our English guests attending the Congress of Nurses spoke feelingly and vividly in conversation of the trials and hardships of a hospital training fourteen years earlier, and of the bitter tears shed in the dressing-pail. She doubtless called up like images to many a hearer, and in one at least she evoked not only painful recollections, but a radical questioning! Why these tears? Why should the discipline necessary for the training of young women for such a high calling be such that fourteen years were not enough to erase some of the bitterness of memory? Yet that same nurse was a loyal daughter of her alma mater, and so are we all. Do we not, each one, think that our hospital gives the best of training to her nurses, and if it is hard—well, others have gone through it, and why not I? Yet there is the other side, and perhaps we have accepted the hospital and all its traditions too literally, and in transplanting we have not considered the possibility of growth and that what was best in the beginning is not so good for the present.

One of the most difficult things a probationer has to confront in entering upon a hospital training is the military discipline that most of the hospitals think it necessary to maintain. Most young women who go into training have had some freedom in the past, and perhaps in their little world have been persons of some importance. Their judgment has been rarely questioned, their advice has been sought, and, altogether, they have been treated as though they were capable of conducting their own affairs. Behold such a person during the first weeks of hospital life!

I shall never forget my first meal in the hospital. While I was not one who considered herself infallible, I was overflowing with good-will towards my fellow-creatures and longed to show it in some way. Being the newest probationer, my seat was at the right of the nurse who sat at the head of the table, the nurses sitting according to their rank, beginning at the left of the senior nurse in charge of the table. I had always felt it my duty to make myself as agreeable as possible in whatever company I might find myself, so I was not in the least daunted by the present company, and proceeded to be as agreeable as I could, especially as there seemed to be a general feeling of depression. My first remarks were addressed in my most engaging manner (I blush to recall it) to the head nurse. Not finding her in the least responsive, and feeling it was a pity she was so diffident, I turned to my neighbor, who was also a probationer, but, oh! much wiser, for she was two weeks my senior. It was quite a hopeless task to try to draw her out, for she ate stolidly on and did not even deign to reply. Wondering what could be causing such general depression, I looked around on the silent company and caught a friendly eye across the table which admonished me to keep silent also.

As we filed out of the dining-room, and I followed in bewilderment at the



end of the line, the kindly nurse who had given me the signal waited at the elevator to give me instructions. "Never speak unless the senior nurse addresses you, for you are only a probationer, and everything goes by seniority." I was soon to learn this, for down the hall came a nurse, and although I was about to step into the elevator, yet wait I must for her, who was, forsooth, two months my senior. These are small things, after all,—not talking at the table, standing aside for one's seniors,—but the spirit which actuates it all is of great importance. Long after I had become a head nurse myself, and thought of my first morning at the hospital, I realized that probably the particular nurse who so coldly received my overtures had grave responsibilities, and had her thoughts more profitably occupied than in exchanging commonplaces with the latest probationer. Yet I am sure it would have been better for her to have relaxed and taken that time to forget the hard day ahead of her; and I am not so sure that the new probationer would have been given a false idea of her position by having a few civil words spoken to her.

There is nothing more important in the hospital training than the discipline that makes the nurse realize the seriousness of her work,—faithfulness in every detail, absolute obedience under orders.

One of the first lessons that a probationer must learn is that she is part of a great whole, and that in order that the whole may run smoothly, each individual must fit into her place. But discipline that represses and warps is not wholesome, but is false and unnecessary.

Most young women who enter the training enter during the years that count most in the development of character. What countless opportunities there are for the women in charge to make the three years tell, not only in turning out well-trained nurses, but women with broader sympathies and more love for humanity at large. How seldom, alas! do we see in the heads of hospitals women of large sympathies and unswerving faith in humanity. The life usually seems to embitter them, and the position to conceal their real personality. She who should be to the young, struggling nurse a tower of strength and sympathy seems to find it necessary to hold the young women under her charge at arm's length, and raises around herself a barricade of discipline—sometimes necessary, but more often futile and trivial. I recall an episode during my hospital life, while I was a senior nurse. We were discussing one day at dinner the standard of honor among women. The nurse in charge of the table turned to me and said, "Do you think there is honor among women?" "Yes, indeed, I do," I said. "Oh, well," she replied, "you are a sentimentalist, and when you have lived in the world as long as I you will feel differently." What had embittered her I did not know, but I did think she was not a wholesome person to be at the head of so many young people, who looked up to her and found it only too easy to fall into such cynicism.

Why should this be? Are the young women who enter the training less honorable, less trustworthy, than those of any other profession? Does the life tend to lower one's standard? There is so much said now about raising the standard of nurses and nursing, yet the standard of discipline in most hospitals would lead one to think that the material most nurses were made of was the most undisciplined and undignified. It presupposes no life of restraint or cultivation gone before. Nursing is conceded to be one of the noblest of professions. At best it is a life of sacrifice of ease, comfort, and self-indulgence, and only women of high character and attainments should be allowed to follow it.



Yet on entering upon the life of a hospital nurse what do we find? The superintendent of nurses struggling alone in a position imposed upon her by tradition, shut off from the companionship of those about her, except for the few assistants who rank somewhat below her, struggling day after day with the problem of discipline, growing bitter and cynical over the inevitable outcome of such enforcement of disregarded rules and lack of responsibility on the part of those about her,—the nurses chafing under discipline which they consider petty tyranny. How did this all come about, and whose fault is this waste of energy?

A SUBSCRIBER.

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DEAR EDITOR: In the October number of THE AMERICAN JOURNAL OF NURSING Miss Delia Knight makes a statement in regard to life-insurance on the endowment plan which is not quite fair. It may be so in the cases quoted, but all companies do not transact business in that way. In my own case a twenty-year endowment policy was taken out in 1889. If the twenty years had expired in 1901, I would have received my share of the company's dividends, amounting to fourteen hundred and eighty dollars and seventeen cents. The premium on a thousand dollars is the same now for women that men are paying, forty-eight dollars and fifty-three cents yearly.

In case of death at any time after payment of the first premium, the one thousand dollars would be paid to the family or legatee.

If in need, money can be borrowed of the company on the policy at five per cent. interest.

I am very much in favor of the endowment form of life-insurance, and would recommend it especially for nurses.

SARAH J. GRAHAM,  
15 Manhattan Avenue, New York City.

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#### UNIFORMS ON THE STREET

DEAR EDITOR: Is it adding a superfluous word to endorse all that was said in the December number of this magazine on the above subject? From time to time much has been said and written on the loyalty to one's school in continuing to wear the uniform of the school. Some fabrics are now so largely adopted by the domestics in the houses we are called out to nurse in that to make any kind of distinction the graduate has to adopt a costume of her own. But as our professional capacity is usually only called for in the sick-room there is all the more reason that we should reserve our professional costume for that place and season, and so strongly does the Orange Alumnae Association feel about the "uniform on the street" being decidedly out of place and season, that at their meeting last May the following resolution was heartily endorsed,—“That the Alumnae Association of the Orange Training-School for Nurses condemns the practice of wearing the nurses' costume on the street by the graduate nurse,”—and presented a memorial to the Board of Governors of the Training-School begging that the practice among the pupil nurses be discouraged when not on duty. This has received their attention, and a dress distinct from that worn in the wards and while in attendance on sickness will shortly be prescribed; it will at least be less well-known and noticeable than the seersucker. Let us by all means try to efface ourselves, rather than call the attention of every passerby to our profession and calling, proud as we may rightly be of such a vocation.

“S.”



202 WEST SEVENTY-FOURTH STREET, NEW YORK CITY, N. Y.,  
December 14, 1901.

DEAR EDITOR: I have carefully read the "Editorial Comment" in the December number of THE AMERICAN JOURNAL OF NURSING, particularly the suggestion that "... membership shall consist of delegates from *any kind of a nursing organization*, provision being made that the non-resident members shall not be permitted to take an active part in State matters, and of isolated individual nurses, until such time as there shall be ten individual members in a county, when for further representation they shall be required to organize and send a delegate."

I think it would be very much simpler to have the State association composed of local organizations in the different counties—the local organizations being practically branches of the parent association. This would give us individual membership, also individual membership *dues*, a most important item. It is indisputable that individual membership would result in a larger fund in the treasury to meet the inevitable expense of such an association than could be raised by annual dues from existing nursing organizations.

In order that nurses of every locality should be fairly represented at the annual conventions every local organization should be entitled to one delegate and alternate for, say, every fifty members of such local organization to represent them at the annual meeting of the State association. They should be entitled to vote by proxy before the annual meeting and to cast a number of votes corresponding to the number of members of their local organization.

Personally I believe the State association will be a much broader and stronger organization if all distinction of school is eliminated; therefore I am not in favor of membership consisting of delegates from *alumnæ societies*, especially as there are many graduates of good standing who for personal reasons do not care to belong to their *alumnæ society*.

B. VAN HOMRIGH.

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[LETTERS to the Editor must be accompanied by the name in full and address of the writer, otherwise such communications cannot be recognized. The name need not appear in the JOURNAL unless so desired.—Ed.]





# EDITORIAL COMMENT



## OUR FRIENDS IN THE NEW YEAR

FEW people are so ignorant or so callous that the coming in of the new year does not bring at least a moment of retrospection. The obligations of life vary with the environment of people. We of the nursing profession occupy a unique relationship in many directions. We have to consider our obligations to the profession of which we are members, so arranging our lines of life that no act of ours shall bring dishonor upon it. It is well to cast a look backward over the year which is past, to search the record of our inner consciousness for possible flaws in our professional attitude. Have we done our duty in the organizations of which we are members? Have we been absolutely ethical in our relations with other nurses?

Sometimes we think nurses become very indifferent to their obligations to their friends, especially those who are separated from their own people and are living temporarily among strangers. Absolute integrity in living is very difficult. It seems to matter so little whether or not one is absolutely honest and perfectly sincere and always dignified in our relations with people who are not very much to us.

To the young nurse who is perhaps only recently established we want to give just a word of warning. A little laxness here and there may not make very much difference to the other party, but the danger is to your own character. If, with the years, you do not grow in habits of self-control, self-denial, truthfulness, and sincerity, you are bound gradually to fall away from the standards which were taught you in your own home.

The old-time saying that "A man is known by the company he keeps" is just as true to-day as it ever has been. If we constantly associate with people who are intellectually and socially our inferiors and are habitually living down to their level we are bound to deteriorate. The mind, like the body, needs care, nourishment, and stimulation, and a certain amount of mental effort is necessary for its well-being. A great factor in our moral and intellectual progress is the impetus which we receive from intercourse with people of higher ideals and higher attainments than our own, therefore our familiar friends are, in a measure, our educators.

As we look back once more into the year that is closed, may we not well ask ourselves these questions: Have we been perfectly loyal and sincere in our relations with our friends? Have we given any one of them just cause to doubt our integrity? Have we given to them the best of our mind and heart and sympathy?

During the year which is to come we shall meet our old friends under new conditions, perhaps conditions that test our confidence in them to a great degree,—conditions of sorrow and conditions of happiness. We may meet new friends who will go with us to the end of the journey, bringing pleasure or pain into our lives according to the wisdom of our selection. We must give to the friends, both the old and the new, that unwavering affection, sincerity, and



trust that we look for in them, and the obligations of friendship demand that they shall not be disappointed in us. To the old and the new we wish a "Happy New Year."

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#### SPLENDID WORK DONE

It was our privilege to be the guest of honor at the annual luncheon of the Toronto General Alumnae Association, of which event mention is made in another column. We have attended many gatherings of nurses in different parts of the world, both social and professional in character, but we have never seen a gathering of women of greater dignity, intelligence, and cultivation than came together upon this occasion.

As a social function the luncheon was exquisitely arranged, and the responses to the toasts, even from the youngest members, were of a high order of merit.

The closing months of the year have been notable in the history of the Toronto General Hospital. In connection with the graduating exercises was celebrated the twentieth anniversary of the organization of the Training-School. Miss Snively has been at the head of the school for seventeen years, and to her may justly be accredited the high standard of development reached by the nurses of the Toronto Hospital.

Miss Snively is one of those of our able women whose field of labor has been in an old building with difficult conditions to contend with. In the nurses' home which stands as a monument to her efforts we see the guiding hand of a cultivated woman who keenly appreciates the influence of refining surroundings in the education of the young women under her care.

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DURING the past year too many of our notable women of experience have shown signs of breaking in health. There is something radically wrong with our hospital and training-school management which compels a woman to lay aside active work just when she has gained that invaluable experience which comes with time. Is it the nature of the work or is it the conditions under which the work is done? Is not much of the wear and tear unnecessary? The problem will never be solved for us, but the solution of it must be worked out from within our ranks.

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#### THE GUILD OF ST. BARNABAS

WITH the present number the department devoted to the interests of the Guild of St. Barnabas is opened, under the editorship of Miss S. M. Durand, a graduate of the Massachusetts General Hospital Training-School, who at the present time holds a position in the Boston Public Library. At the annual meeting of the guild, held in Chicago in November, it was decided after very thorough discussion that the *News-Letter*, which has been the official organ of the guild for many years, should be discontinued, and an offer of space in THE AMERICAN JOURNAL OF NURSING, to be in charge of an editor appointed by the guild, was favorably considered.

We make this announcement with much pride and pleasure, feeling that the usefulness of the JOURNAL is greatly broadened by this representation, and we call attention again to the fact that the official announcements of the four great national organizations of nurses in the United States are now made through the pages of this JOURNAL.



THE AMERICAN JOURNAL OF NURSING is ostensibly the property of the Trained Nurses' Associated Alumnae of the United States, and is conducted by a committee and stock company composed of its members. In the Department of Official Reports, which is directly under the editorship of its secretary, Miss Mary E. Thornton, whose address is 143 East Thirty-fifth Street, New York City, is to be found each month official communications from various kinds of nursing organizations, National, State, and local. All communications for this department should be sent to Miss Thornton direct, should be signed by the full name and title of the writer, and should be written only on one side of the sheet, as concisely as possible.

The monthly reports of local meetings we consider to be of very great value to the nursing profession, as they are full of suggestions that are exceedingly helpful to officers who are arranging programmes either for entertainment or improvement. We hope to see this department universally patronized by the local and smaller organizations. Many of the younger organizations, where the members are also of the younger generation, seem to be more wide-awake and original in their methods than the societies of some of our older schools. Each can learn much from the other through the Department of Official Reports.

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#### THE NURSE AS A FACTOR IN POLITICAL REFORM

AFTER the downfall of Tammany the public press commented to some extent upon the work of the "Settlements" as a factor in bringing about this great victory, and special mention was made of the fact that the women of the "Nursing Settlement" on Henry Street had been largely influential in rousing the women of upper New York to a knowledge of the terrible conditions that existed in the slum districts under Tammany rule.

This circumstance is of interest to the profession at large, for the reason that nurses, for the first time to our knowledge, are given recognition as political reformers, a place which we believe in the future they will fill with great honor.

The fact that the Mayor of Boston has nominated a woman to be Overseer of the Poor is another great step in political reform, and we believe that this position could be filled to especial advantage by trained nurses, both in our large cities and our smaller towns, and even in the country districts.

We would like to see a trained nurse appointed as one of the assistants to the Health Officer in every large city where so much of the work of this department is done in connection with women and children. A successful trained nurse, as she comes towards middle life, is a woman of exceptionally well-balanced judgment, her sympathies are keen, her judgment is cool, and her familiarity with many phases of society make it impossible for her to be influenced by the sentimental picturesqueness of poverty. She sees the world more from a man's stand-point, but deals with its problems with that finer delicacy of touch which it is generally conceded women possess.

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#### VALUABLE FOR REFERENCE

WE understand that a pupil has been selected at the Boston City Hospital to solicit subscriptions for this JOURNAL among the nurses of the school. We wish more of the superintendents of the large schools would follow Miss Drown's lead. All of our numbers contain valuable reference material. For instance, Dr. McCollom's paper in the December number, on "The Rôle of Insects in the Propagation of Disease," should be in the hands of every pupil as well as every graduate, as it opens the way to one of the greatest scientific discoveries of our



time, and one which will undoubtedly fill an important place in the control of the spread of disease during the coming century. We wish our nurses were keener in their appreciation of the scientific value of our numbers.

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#### THE NEW JERSEY STATE ASSOCIATION

A LARGE and interested body of nurses responded to the call for a mass meeting held in the City Hospital of Newark, N. J., on December 4 to consider the question of the organization of a State association of nurses in New Jersey.

The meeting was called to order by Miss Gardner, of the Orange Memorial Training-School, who, upon motion, was made chairman. Miss Isabel McDonald, of St. Joseph's Hospital, of Paterson, was elected clerk of the meeting.

The presiding officer, after outlining briefly the object of the meeting and requesting a free expression of opinion from all present, called upon Miss L. L. Dock, of New York, to address the association. Miss Dock gave it as her opinion that a more dignified and solid foundation for such an association would be laid if the membership was a composite one, viz., by representation from all organized bodies of nurses, thus preserving the associations already formed at no small sacrifice of time and strength, and allowing the individual nurses located in remote districts to join as such, until there should be a sufficient number to form a local association, when their representation would be by delegate.

Following Miss Dock, Miss S. V. Nye, president of the New York Association, was called upon and spoke in favor of individual membership exclusively during the first few years of organization, leaving it to future development for change of form if on these lines the society became too unwieldy in numbers.

Miss Dock's plan is practically that outlined in the pages of this JOURNAL in the December number, and would seem to us to be by far the most practical, as it contains all of the advantages of the individual plan without the disadvantages. We believe that the argument used on another page, that the individual membership is desirable because it promises a larger revenue, is not the best basis upon which to form a society having for its ultimate and educational and professional advancement. We admit that the financial aspect is important, but it should not be the controlling factor in the situation.

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#### THE NEW YORK STATE MEETING

THE announcement is made on another page of the second meeting of the New York State Nurses' Association, to be held in the Academy of Medicine, 17 West Forty-third Street, New York City, at ten o'clock on Thursday and Friday, January 30 and 31.

As the principal business to be transacted at this meeting is the completion of the organization by the adoption of by-laws, and a decision as to what shall constitute membership, we think it is of very great importance that the nursing organizations which were represented at the meeting in Albany should send the same delegates to this second meeting, as it is perfectly obvious that the body of women who thrashed out the constitution adopted in Albany are better qualified to deal with the subject of by-laws than an entirely new set of delegates would be, strangers to each other and unfamiliar with the work done at the first meeting.

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WE are very pleased to announce that Miss Julia F. Stewart, of 494 Ontario Street, Toronto, Can., has consented to act as the representative of Ontario on the JOURNAL staff of collaborators.



FOURTH ANNUAL CONVENTION  
OF THE  
Trained Nurses' Associated Alumnæ  
of the United States

HELD IN  
THE WOMAN'S INDUSTRIAL UNION BUILDING  
NIAGARA SQUARE  
BUFFALO, NEW YORK

SEPTEMBER 16 and 17, 1901

MINUTES OF THE PROCEEDINGS







## OFFICERS FOR 1901

### President.

MISS ANNIE DAMER, 76 West Huron Street, Buffalo, New York.

### First Vice-President.

MISS HELEN SCOTT HAY, 468 West Adams Street, Chicago, Illinois.

### Second Vice-President.

MISS HARRIET FULMER, Masonic Temple, Chicago, Illinois.

### Treasurer.

MISS TAMAR E. HEALY, 160 Joralemon Street, Brooklyn, New York.

### Secretary.

MISS MARY E. THORNTON, 143 East Thirty-fifth Street, New York.

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## COMMITTEES

### Magazine.

MISS M. E. P. DAVIS,  
MISS H. FULMER,  
MISS M. W. STEVENSON,

MISS M. A. NUTTING,  
MISS S. F. PALMER,  
MRS. HUNTER ROBB.

### Educational Committee.

MISS ELIZABETH ROBINSON SCOVIL,  
MISS A. M. CARR,

MISS A. J. GREENLEAS, Chairman.

MISS A. O. TIPPET,  
MISS STONE,

### Committee on Annual Reports from Alumnæ Associations.

MISS A. O. TIPPET, Chairman.

### Printing Committee.

MISS E. M. JOHNSTONE,

MISS B. STEELE.

MISS IDORA ROSE,

### Committee on Arrangements.

MISS C. M. RIEDLE,  
MISS PERSIS PLUMMER,

MISS M. TOOKER.

MISS M. DRAPER,  
MISS P. BROWN,



# Delegates Registered

September 16, 1901

Allegheny General Hospital T.-S. A. ....	Miss HELEN HENDRICKSON (2 votes).
Bellevue Hospital T.-S. A., New York .....	" ANNIE DAMER.
	" L. L. DOCK.
	" ANNIE SCHENCK.
	" EMILY OATWAY BOSWALL.
	" LUCY L. DROWN.
Boston City Hospital T.-S. A. ....	Dr. LAURA C. HUGHES.
	Miss FLORA E. WELCH.
	" PAULINE L. DOLLIVER.
Boston and Massachusetts General Hospital T.-S. A. ....	" MARY L. KEITH.
	" JANE F. REILLY.
Brooklyn Homœopathic Hospital T.-S. A. ....	" EMMA L. PARK.
Brooklyn Hospital T.-S. A. ....	" K. VAN INGEN.
	" L. M. COLEMAN.
Buffalo General Hospital T.-S. A. ....	Mrs. THOMAS MORLEY.
Columbia and Children's Hospital T.-S. A., Washington.	Miss ELIZABETH M. HEWITT.
Erie County Hospital T.-S. A., Buffalo .....	" JENNIE M. COX.
Farrand T.-S. A., Detroit .....	" MARY E. CARLEY.
Garfield Memorial Hospital T.-S. A., Washington .....	Dr. R. MILDRED PURMAN.
Grace Hospital T.-S. A., Detroit .....	Miss MATTIE McFADDEN.
Hartford Hospital T.-S. A. ....	" M. R. HICKS.
Illinois T.-S. A., Chicago .....	" SARA M. DICK.
	" HELEN SCOTT HAY (5 votes).
	" A. M. CARR.
	" V. RICE.
Johns Hopkins Hospital T.-S. A., Baltimore .....	" E. RUTHERFORD.
	" L. A. SHARP.
	" E. CHAPELLE (2 votes).
Long Island College Hospital T.-S. A., Brooklyn .....	
Maine General Hospital T.-S. A., Portland .....	
Massachusetts Homœopathic Hospital T.-S. A., Boston .	
Methodist Episcopal Hospital T.-S. A., Brooklyn .....	" ALICE M. RANNEY.
Michael Reese Hospital T.-S. A., Chicago .....	
	" SARA A. BRADLEY.
	" ADA P. STEWART.
New York Hospital T.-S. A. ....	" ISABELLE J. WALTON (5 votes).
	" SARAH J. GRAHAM (2 votes).
New York Post-Graduate Hospital T.-S. A. ....	" BERTHA J. GARDINER (2 votes).
Orange Memorial Hospital T.-S. A. ....	" MARY J. STANSFIELD.
Paterson General Hospital T.-S. A. ....	Mrs. ANNA B. GROFF.
Pennsylvania Hospital T.-S. A., Philadelphia.....	Miss M. M. BROWN.
Presbyterian Hospital T.-S. A., New York .....	" NANCY E. CADMUS
Presbyterian Hospital T.-S. A., Philadelphia .....	" ANNIE H. STIRK (2 votes).
	" ELLEN A. KENNEY.
Rhode Island Hospital T.-S. A., Providence .....	" MARY A. QUINN.
	" ELIZABETH V. CONNOR (2 votes).
Rochester City Hospital T.-S. A. ....	
Rochester Homœopathic Hospital T.-S. A. ....	
Roosevelt Hospital T.-S. A. ....	
St. Joseph's Hospital T.-S. A., Paterson, N. J.....	" ISABEL McDONALD.
	" M. R. BROWN.
St. Luke's Hospital T.-S. A., Chicago .....	" GERTRUDE PHILLPOTS
	" ISABEL LOUNT EVANS (2 votes).
St. Luke's Hospital T.-S. A., New York .....	
St. Luke's Hospital T.-S. A., St. Paul .....	" N. C. HUGHES.
St. Mary's Hospital T.-S. A., Brooklyn .....	
University of Maryland Hospital T.-S. A., Baltimore ...	
University of Pennsylvania Hospital T.-S. A., Phila. ...	" SARA RUDDEN (2 votes).

## ASSOCIATE MEMBERS

House of Mercy T.-S. A., Pittsfield .....	Mrs. ANNA W. WOODWORTH.
New England Hospital T.-S. A., Roxbury .....	Miss LINDA RICHARDS.
Old Dominion Hospital T.-S. A., Richmond .....	" C. V. AUSTIN.
St. Luke's Hospital T.-S. A., South Bethlehem .....	" V. WHITE.

Total, 52 Delegates—61 votes.



# PROCEEDINGS OF THE FOURTH ANNUAL CONVENTION

BUFFALO, NEW YORK, SEPTEMBER 16 AND 17, 1901

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*First Day—Monday, September 16, 1901.*

## FIRST SESSION.

Nine A.M.—Presentation of credentials, payment of annual dues, and registration of delegates.

Ten A.M.—The convention was opened by the president, Mrs. Hunter Robb. The guests of honor upon the platform were Mrs. Bedford Fenwick, honorary president of the International Congress of Nurses, and the other foreign delegates to the Congress.

The president opened the meeting with the following remarks:

"It gives me great pleasure to welcome the delegates to the Fourth Annual Convention of the Trained Nurses' Associated Alumnae of the United States. As you are all aware, it was decided at our last annual meeting that the next one should be held in Buffalo, September 16, that it should be purely business in character, and that no papers and discussions should be prepared, as we shall have the pleasure of listening to the programme of the International Congress of Nurses. We are required by our constitution to hold two meetings, one this morning and another to-morrow morning. During these sessions the necessary business will be transacted."

The roll was then called, and the secretary requested that in responding each delegate should announce the number of votes she represents.

PRESIDENT.—It is in order before passing to the business of the convention to express our sorrow at the death of the President of the United States, Mr. McKinley. I will ask Miss Richards to present a resolution.

Miss Richards offered the following resolution:

*"To Mrs. William McKinley.*

*"The members of the Trained Nurses' Associated Alumnae of the United States, now in session, desire to express their deepest sympathy for you in your great sorrow."*

The president asked the members to signify their approval by standing.

Miss Palmer moved that this resolution be sent by telegram to Mrs. McKinley. This motion was seconded and carried, and the president appointed Miss Damer a committee to put it into execution.

Reports from the standing committees were then called for.

Miss Damer, the chairman of the Committee on Arrangements, reported as follows:

"MADAM PRESIDENT AND MEMBERS OF THE ASSOCIATION: The report of your committee this year is a very simple matter, as the committee meetings of the various societies of the nurses were all combined. The most important consideration was the accommodation of delegates attending this convention. The local Committee of Arrangements has been working all summer planning and arranging for these delegates, and quite a large number have been provided for. We have



tried to plan to care for all. We also procured rooms in this building, which is owned by the various organizations of women of Buffalo, and have secured the hall for the week, so that all the other meetings will be held here. Arrangements have been made for several social functions during the week; possibly some of these will now be changed, but your committee will report later about this."

PRESIDENT.—Miss Damer was appointed the chairman of the Committee on Arrangements with the privilege of appointing her own associates. Perhaps it will be of interest to the delegates to know who have assisted her.

MISS DAMER.—The arrangements for the Associated Alumnae were made by Mrs. Morley, Miss Simpson, Miss McKinnon, Miss Greenwood, and Miss Goodwin, who has been superintendent of one of the hospitals here, but has now left Buffalo; but the majority of the work has been done by the officers and a few members of the Nurses' Association of Buffalo.

No remarks being offered on Miss Damer's report, the secretary's report was presented and accepted without reading, as it had already appeared in the annual report.

The president next called for the report of the Executive Committee, and it was announced that the year ended May, 1901, but, owing to the fact that the annual meeting had not been held at that time, extra meetings had been called since to attend to accumulated business.

The report was read by the secretary as follows:

"TO THE DELEGATES AND PERMANENT MEMBERS: The Executive Committee begs to present herewith a summary of its work for 1900 and 1901. The first committee meeting was held January 2, 1901, at the Post-Graduate Club in New York, when the correspondence of the summer and autumn was gone over and disposed of. Among other letters there was one from Mrs. W. Bayard Cutting, acknowledging her election to honorary membership, which the secretary was instructed to read at the convention.

"Many admirable topics for papers and discussions sent in by the various associations were accepted and placed on file for further consideration next year.

"The question of enlarging the Executive Committee was discussed, but nothing was definitely decided upon.

"Applications for membership from the Alumnae of the Women's Memorial Hospital of Brooklyn and Dr. Price's Hospital of Philadelphia were considered. As they did not meet the requirements of the association, they were not accepted. The secretary was instructed to send them a copy of the constitution and to write, explaining why they were not eligible.

"The application of St. Luke's, Bethlehem, Pa., was accepted for associate membership.

"St. Luke's Hospital Alumnae of St. Paul, Minn., and the Orange Memorial of New Jersey were admitted to full membership.

"Your secretary reported that the secretary of the Society of Superintendents of Training-Schools for Nurses had been communicated with and that that society was ready to coöperate with us in affiliating with the National Council of Women. Mrs. Robb, the president, then appointed Miss Healy and Miss Thornton to represent the Associated Alumnae on the committee in accordance with the motion to that effect passed by the convention.

"The committee then went into session with the Congress Committee.

"On January 3, 1901, a second meeting was held at the Post-Graduate Club, New York City.

"At that meeting it was decided to send ten dollars to the secretary of the International Congress to help defray the expenses incident upon its organization, and to forward one hundred dollars to the treasurer of the International Congress of Nurses in order to help create a fund for the entertainment of foreign delegates, this last amount to be obtained by asking each alumnae to contribute three dollars; also to forward to the treasurer of the National Council of Women one-half of the thirty-three and one-third dollars, our portion of the initiation fee



TAMAR E. HEALY, treasurer, in account with the Trained Nurses' Associated Alumnae of the United States,  
April 27, 1900, to May 1, 1901.

RECEIPTS.

To balance on hand April 27, 1900 .....	\$161 27
Initiation fees to date .....	\$50 00
Annual dues to date .....	183 50
Sale of Third Annual Reports .....	267 80
Tax towards entertainment fund .....	60 00
From Superintendents' Association, half of entrance fee to National Council of Women .....	16 67
A returned check .....	5 00
Interest on bank account to date .....	2 00
Balance from division of expense .....	56
	585 53

Audited and found correct May 11, 1901, by  
Byron Horton, 101 East 23d St.,  
New York.

\$746 80

DISBURSEMENTS.

Rent of rooms for Third Annual Convention .....	\$30 00
Expenses of president incurred in attending special, also Executive Committee meetings .....	33 67
Expenses of vice-president .....	5 60
Secretary, for incidental expenses .....	10 00
Treasurer, for stamps, stationery, and tax upon out-of-town checks .....	5 81
Printing of programmes, etc. ....	24 75
Printing of Third Annual Reports .....	291 50
Expenses of Arrangement Committee .....	4 25
Auditing books .....	3 00
Interest on loan .....	4 00
Railroad Association, for services of agent .....	5 50
Payment of loan with interest to date .....	102 00
Expenses towards "International Congress" .....	10 00
Entrance fee to National Council of Women .....	33 34
Item left over from division of expense .....	4 70
Stenographer, for copying and typewriting proceedings of Third Annual Convention .....	30 00
Protested check .....	5 00
Stamped stationery .....	4 26
	\$607 38
Balance on hand May 1, 1901 .....	139 42
	\$746 80



for membership in that society. The committee then adjourned and went into session with the Congress Committee.

"During the summer applications from the Alumnæ of the Lebanon Hospital of New York and the Clinton, Mass., Hospital were considered, but as the course in both schools was only two years and pupils are sent out to private duty, they were not accepted.

"Applications from the Alumnæ of the Rochester Homœopathic, the Columbia and Children's of Washington, the Grace Hospital of Detroit, the Hartford Hospital, the Buffalo General, and the Hospital of the Good Shepherd of Syracuse were passed upon and they were accepted to full membership.

"This closes the work for the year 1900 and 1901, but owing to the fact that no annual meeting was held in the spring, and in order to attend to accumulated business, a special executive session was called for September 14 at Buffalo. At this meeting, held at Castle Inn, a letter was read from the Graduate Nurses' Association of the State of Illinois inviting the Associated Alumnæ to hold its next annual meeting at Chicago. The secretary was instructed to present the matter to the delegates.

"A letter of the same purport was read inviting the association to hold its next meeting at Detroit, signed by the secretary of the Chamber of Commerce of that city. The secretary was instructed to answer this by saying that we already had an invitation to consider for the next year. The application of the Polyclinic of Philadelphia was considered and it was admitted to associate membership, thus making forty-four societies that are affiliated with the national association, giving us a membership of about three thousand five hundred nurses.

"The question of enlarging the Executive Committee was again brought up, and it was decided to place before the assembly the need for a Committee upon Revision of the Constitution in order to bring this about."

The president asked if there were any remarks on the report, and none being offered, it was announced that the report would stand approved.

The president called for the treasurer's report, which was read by Miss Healy. (See page 309.)

Upon the announcement by the president that the bills had been audited and found correct it was moved and seconded that the treasurer's report be accepted. Carried.

PRESIDENT.—I desire to state that in connection with the treasurer's report we have had some difficulty in collecting the cost of the reports ordered by the various alumnæ, and in some instances it has been impossible for the members of the alumnæ to understand why they are charged for their reports; as they are quite expensive, it was decided that a nominal charge of ten cents be made with the hope that we might cover the expense of the printing. We cannot afford an annual report unless the alumnæ are willing to purchase them at a small cost. Also, so far as information of this character is concerned, I would like to remind you again that it is important that each individual member of the alumnæ should have in her possession a report of each annual meeting. It is also necessary from time to time to refresh your memories of each annual meeting, and then it will not be necessary to ask why such and such things are done, why such steps are taken. There has been a very wide correspondence upon this subject. This has been carried on with the idea of instructing each individual member as to what has been done by the association. We know that, so far as the first annual report is concerned, we have still a great number on hand, and so it cannot be possible that all of the members obtained a copy of the proceedings of the first convention. We sent an order for about one hundred copies of the second annual report over and above one for each member; those have nearly all been distributed. This method we adopted with the third report, and those too have been disposed of; but we also feel that all members who have not possessed them-



selves of a copy of the first annual report should do so in order to make themselves conversant with the workings of the association from its beginning.

MISS PALMER.—Would it not be possible to print the report in the JOURNAL at less expense?

PRESIDENT.—That question was discussed by the Executive Committee. We consider it very important that each member should have some way of knowing what is done at the annual meetings, and until we are quite sure that each member of the alumnae subscribes for the JOURNAL we do not think it ought to appear only in the JOURNAL, as we still feel that it is most important that the individual members shall be supplied with the proceedings of all meetings.

MISS DOCK.—If the members do not buy the reports, then we do not succeed, after all, in getting the reports in the members' hands. We may have them in two forms.

PRESIDENT.—With the exception of the first year, the reports have nearly all been ordered by the alumnae.

MISS SCHENCK.—They have been bought by the associations, but one-half the members do not get them, and then we have the expense to bear. I do not think we sold one-quarter of ours.

MISS WALTON.—Would it not be an excellent way of getting THE AMERICAN JOURNAL into the homes of the nurses to have these reports printed in the JOURNAL, as it would advertise the JOURNAL as well as secure the printing of the reports?

PRESIDENT.—We do think it might be one way to make the nurses take the JOURNAL, but we desire that there should be no objection on the part of any member. We also feel that the Executive Committee should be protected, in so far as conducting the business of the association is concerned, by having some method by which we may reach the individual; moreover, it is most important to hold and to work up individual interest in our association affairs. Everything hinges on that. If we do not take every means in our power to foster this individual interest we cannot very well succeed.

DR. HUGHES.—I would like to suggest, in regard to the report, that a certain number of reprints be engaged from THE AMERICAN JOURNAL and distributed by the Associated Alumnae, and in that way they could be furnished at a very small expense, and in some way the members may receive copies. I think there are very many people in the world as busy as myself, who do not have time to read so much. The reprints from THE AMERICAN JOURNAL OF NURSING reach the point.

MISS HAY.—It seems to me that the plan adopted by our school is a good one. We ask for enough more to pay for the annual report, each member realizing that she is a member of the Associated Alumnae; it is a part of the regular annual expense. For this much we ask every member of our Alumnae Association. But could we insist upon their taking even one copy of THE AMERICAN JOURNAL OF NURSING? I think not. They understand that this report is a part of the regular expense.

MISS DOCK.—As an Associated Alumnae with the AMERICAN JOURNAL the official organ, I cannot understand why they should not expect it to be an official report. It seems to me that it would simplify things if their official organ were a medium of their report.

MISS CARR.—I think that Miss Dock is right, but Miss Hughes's plan seems to be much the better one. Our Alumnae Association also includes in its dues a tax for the report, so that each member gets a copy, but if the cost of printing the report could be reduced, I think that Miss Hay's plan would be very much



the best. It is almost impossible to compel each member to take the JOURNAL whether she wishes to or not.

MISS RUDDEN.—At our second meeting last year we found it to be just as you say,—we could not get rid of our reports. As a consequence, we raised our dues; we made them one dollar and twenty-five cents instead of one dollar, which covered the expense. I heard one of the ladies say that something of that kind could be done. Speaking of the JOURNAL, we are paying twenty cents a number for it, and there are a great many nurses who do not read it, who are not subscribers, but if a ten-cent report be sent to them, they will read it.

MISS PALMER.—The reprints could be gotten out very cheaply.

PRESIDENT.—As Miss Dock suggests, what we hope is to have, so far as possible, the subscription list of THE AMERICAN JOURNAL OF NURSING include the membership of every nurse of the association. Miss Dock says that it is the custom in some societies to furnish the annual report gratis. I know some medical societies do this. Five dollars membership fee a year is charged, which includes the report. The possibility of such a plan was discussed by your Executive Committee, and it was thought that for some time to come we would not be able to make such large demands on our members.

DR. HUGHES.—I move that the next annual report be printed by THE AMERICAN JOURNAL OF NURSING in the form of reprints, to be furnished to the Associated Alumnae in sufficient number so that each member will possess one.

This motion was seconded and carried.

PRESIDENT.—With reference to our being able to dispose of the copies ordered of the report, I think that it all depends upon the amount of interest we are able to work up, the amount of pride and interest that the officers take in the society and in making the individual members feel the importance of taking the report.

MISS McISAAC.—At present there are three societies which have raised their dues to include their reports. Cannot all delegates be asked to try to induce their societies to adopt this plan?

MISS BARNARD.—I move that ten cents extra be charged to the annual dues of all societies, the delegates to submit this to their various associations. Seconded.

DR. HUGHES.—I would like that motion to be voted down. I would like to leave the matter to the intelligence of each member here, and allow each one to do as she wishes. Rates are different. Ten cents will buy more in a little town in Maine than it would in Buffalo. I hope the motion will not prevail, and that each association will be governed by its circumstances.

PRESIDENT.—This suggestion will have to take the form of an amendment.

MISS QUINN.—I suggest that the reprints be sent direct from the place where they are printed, and that the cost be sent to each association. I hope the motion of the lady here will be voted down; that each society will take care of its members.

MISS BARNARD.—I think that the suggestion is very wise. Don't you think that we had better leave it to the individual intelligence of the whole body of the Alumnae Association, and in that way let the members act for themselves? Then, if the reprints can be gotten out very much more cheaply, let it be done. My motion was not intended to be understood the way it was.

DR. HUGHES.—I would be very much pleased to have the member withdraw her motion.

A vote was taken and the motion was declared lost.



In the absence of its chairman, the secretary read the annual report of the Printing Committee, as follows:

"The Third Annual Report of the association was printed in Cleveland, O., and sent to the members in the late summer. Much gratitude is due our president, Mrs. Hunter Robb, for personally supervising the work. These copies were printed at a cost of two hundred and ninety-one dollars and fifty cents; programmes for the third annual convention, twenty-seven dollars and seventy-five cents.

"Respectfully submitted,

"SARAH R. JENNINGS,  
"Chairman."

PRESIDENT.—The next in order is the report of the Committee on Affiliation with the National Council of Women, by Miss Dock, chairman:

Report of the Committee on Affiliation of the Superintendents' Society with the Associated Alumnae:

"MADAM PRESIDENT AND MEMBERS: After the meeting of May, 1900, when affiliation of the Superintendents' Society with the Associated Alumnae had been moved by the latter for the purpose of entering the National Council of Women of the United States, and, further, to be ready to enter into international relations with nurses of other countries, the secretary of the Superintendents' Society received an overwhelming vote of the members in favor of affiliation, and the president and vice-president, Miss Keating and Miss Merritt, were chosen as its two representatives on a Federation Committee. The alumnae chose Miss Thornton and Miss Healy, their secretary and treasurer, and these four members chose Miss Dock as the fifth member and to act as secretary pro tem.

"This committee accordingly wrote to Mrs. Gaffney, the president of the National Council of Women of the United States, sending the dues, and making formal application for membership. The dues, which are thirty-three and one-third dollars a year, are shared by the Superintendents and the Alumnae.

"We received a cordial reply from Mrs. Gaffney, welcoming us into the National Council of Women of the United States, also in due time notice that we were entitled to two delegates to the annual executive meeting of the same in Buffalo, on September 11, 12, and 13.

"The committee selected Miss Keating and Miss Palmer, the latter of whom was obliged at a late minute to decline. Our delegate was asked to present a report of nursing in America, with the aims of nursing and the place of nurses as social reform factors.

"We are to understand that the National Council of Women does not look upon us as two bodies, but as one, the federation, a national body, the parts or constituents of which may be made up as we please.

"This national federation is entitled to two delegates, and we are not, as some have supposed, to send two as from the Superintendents' branch and two from the Alumnae branch.

"For the comprehension of the National Council of Women, and for the facilitation of our own work, we should decide upon an organization of the central committee of five, which will make one member the president of the federation and another the secretary.

"This president will be the one who, under the rules of the National Council of Women, is required always to be one of the two delegates, either in person or by proxy. The second delegate may be selected as we please.

"The only call made upon us for action was one asking if we agreed to the issue of a Bulletin by the National Council of Women, as described in the accompanying letters from Mrs. Spencer, the secretary, and to this the committee replied in the affirmative.

"Respectfully submitted,

"EMMA J. KEATING,  
"ISABEL MERRITT,  
"MARY THORNTON,  
"TAMAR HEALY,  
"LAVINIA DOCK."



PRESIDENT.—You have heard the report. Are there any remarks?

A motion was made, seconded, and carried that the report be accepted.

MISS DOCK.—The committee would be glad if someone would make a motion that it organize.

DR. HUGHES.—I move that a committee be appointed to form an organization.

MISS DOCK.—The committee is formed, but not organized. The president and vice-president, the secretary and treasurer, with a fifth member at large, these five are the committee as formed, but we wish to authorize the committee to organize.

PRESIDENT.—At our last meeting it was decided that two members should be appointed from this association to confer with the two from the Superintendents', and these four should appoint the fifth and these five should form the committee. Miss Healy and Miss Thornton were appointed from our society; from the other society were Miss Keating and Miss Merritt, and these four appointed Miss Dock. They have completed the affiliation of our society with the National Council of Women of the United States. This committee now wishes to proceed to organize for the transaction of the necessary business.

MISS DAMER.—I move that this committee be given authority to organize for necessary business.

The motion was seconded and carried.

PRESIDENT.—This committee will report each year to our society. Since the affiliation there has been one convention, held in Buffalo, September 11, 12, and 13. Our Committee on Affiliation was requested to send delegates, one to represent our association and one the Society of Superintendents. Our delegate was Miss Palmer, but Miss Palmer not being able to act, Miss Keating was chosen to take her place, and we will now listen to the report of our delegate to the National Council of Women.

The following is the report of Miss Keating, the delegate to the National Council of Women:

"The National Council of Women met at Convention Hall, Buffalo, N. Y., September 11, 12, and 13, 1901.

"There are twenty-five affiliated organizations and councils, and eleven of these bodies were represented by delegates. It was a week of uncertainty in our city, and it was shown in the attendance at the Executive Council. Mrs. F. H. Gaffney, of New York, presided at all of the meetings, and the only other officers present were Mrs. M. T. Peck, of Iowa, vice-president, and Kate Waller Barrett, Washington, corresponding secretary. The first recording secretary was forced by the illness and death of her mother to resign, and Mrs. Wells, second recording secretary, and Mrs. Solomon, treasurer, were absent because of illness in their families. A recording secretary was appointed pro tem., Mrs. D. P. Glazier, of Iowa.

"Mrs. Fannie Humphrey Gaffney made an able address, in which she advocated peace and arbitration on all questions.

"A committee was appointed to draft resolutions of sympathy, good-will, and cheer to President and Mrs. McKinley to present for the sanction of the council at the afternoon meeting, Mrs. Carrie Chapman, chairman.

"The council pin has been procured and is on sale for seventy-five cents. Any member belonging to an affiliated organization is entitled to wear it. It is an enamelled pin bearing the seal of the organization, a torch shedding its rays of light. Underneath is the motto 'Lead, kindly light,' and above is 'National Council of Women.' It is expected that each affiliated organization will order at least one dozen of these pins, and it was arranged that organizations can get them for eight dollars per dozen instead of nine dollars. A Resolution Committee



of one member from each organization represented was formed. Three resolutions were presented.

"First, the appointment of women on all commissions for consideration of marriage and divorce; second, to lessen immigration to this country; third, against exemption of church property from taxation.

"The council warmly endorsed the resolution in reference to marriage and divorce.

"The meeting on Thursday, September 12, at two P.M., was held in the Temple of Music on the Exposition grounds. The president was again requested to give her opening address, after which Miss Susan B. Anthony delighted the audience by speaking a short time on 'The Council Idea.' The resolution on marriage and divorce was read and approved warmly, and Mrs. May Wright Sewall and Rev. Anna Howard Shaw made able addresses in favor of it. The meeting adjourned at half-past three, and the members were afterwards received by the Women's Board in the Club Building on the grounds. On the last day Miss E. Fisher, of Delphi, Ind., gave an exhibit of a style of making hygienic underwear on which she had worked and studied for six years. At the executive session following the exhibit it was decided that the executive session of the triennial to be held in Washington next February should take place on Saturday, February 22, and that the triennial should occupy the time of the entire week following.

"At the last meeting, Friday evening, September 13, Mrs. Sewall, Mrs. Laura Ormiston Chant, of England, and Rev. Anna Howard Shaw spoke on 'International Relationships,' and Mrs. Sewall took pleasure in introducing a representative of the commission from Hayti, or San Domingo, W. I., and also one from Chili, S. A., who made a few remarks on the progress of their respective countries, a larger part of which was due to women's efforts. The meeting was very interesting and instructive, but the feeling comes to me that we have so much to accomplish in our profession that we can scarcely allot the necessary time to the outside work that organizations with which we are affiliated will demand."

It was moved and seconded that Miss Keating's report as delegate to the National Council of Women be accepted. Carried.

MISS PALMER.—I think I owe this association an apology for failing to represent them as I promised to do, but I am sure I was very ably represented there by Miss Keating. I think the mistake we are making is that all the work of this organization is being done by a small circle of women. There is a large army of young nurses who have had better training than the majority of the older ones, and they should do some of the work instead of leaving so much to the older ones. Too much of the work is now being done by the superintendents. I believe that other organizations of women need us just as much as we need them. (Applause.) I think this affiliation should go on.

MISS RICHARDS.—Might I say that I believe that every step forward is the step that should be taken; that every time we draw back we cannot afford to remain? I feel with Miss Palmer that the younger women should take up the work. But we are ourselves partially to blame. We go on doing the work which is assigned us, and never think, perhaps, that the younger women could do it better. I think that we should get out of the way. (Applause.)

MISS BOSWALL.—The majority of nurses working for the profession are in charge of hospitals or in institution work of some kind. As for the private nurses, they are here and there and everywhere and are leading a most unsettled life. The majority of those in hospital work are older graduates, and the younger ones are doing the private nursing. It does not seem to me that our profession is a narrow one. There is a tendency to belong to too many organizations, and the value that might come from concentration is lost. It is possible to be very narrow and belong to many societies, and it is possible to be broad and belong to few. I think there is a great work for the women of to-day. It seems to me that our



work as nurses is enough for us to take up without affiliating with other associations, and taking up woman suffrage, and serving on Committees on Marriage and Divorce and Consumers' League, and all of those things in which women are interested. We can give them our support, but I do not think that we have much time to give them, and I do not see how the private nurse can come forward and do much work in societies. (Applause.)

MISS SCHENCK.—I understand that we already belong to the Council of Women.

MISS DOCK.—We cannot withdraw within three years, so we will have plenty of time to think it over.

MISS CARR.—I think, with Miss Palmer, that we are quite necessary to the Federation of Women, and that it is most important. I think that we represent the real work.

DR. HUGHES.—I think the point by Miss Palmer is well taken. Very few people know very much about nurses. I rejoice that the nurses have come to be a part of the National Council of Women. It seems to me that the National Council of Women needs us quite as much as the poor need the district nurse, and I hope we will continue members.

MISS McISAAC.—I think that the superintendents have a great deal to answer for, for the lack of work and interest taken. They do not take the interest in the alumnae associations they should, and the private nurse could do a great deal if she were helped to do it and shown how, and in this also I feel that the superintendents have much to answer for. (Applause.)

MRS. BEDFORD FENWICK.—I come here to-day entirely as a learner, and therefore I am not prepared in any way to speak, but this point which you have been discussing appears to me to be a very important one. I know that the time is very short. It appears to me that you cannot have a National Council of Women if you leave out the whole body of trained nurses. (Applause.) I think that we must all realize that the public cares to a very great extent and has a right to know how our affairs are conducted, and it is very necessary that we should learn these matters from experience, and it would save a great deal in the mind of the public if we told them, and if we learned, and they learn from the nurses themselves. I speak very feelingly on this subject, because in our own country, Great Britain, it is greatly needed. The public know very little, and they require enlightenment, and from the conversations I have had I believe the people in your country require enlightenment just as much as those in our own country at home. It has been my privilege to sit through two great international gatherings of women—one in Chicago and one in London. I feel that you should be affiliated with this International Council of Women, so that you can take your part. The meeting which took place in London in 1899 was one of the most valuable meetings of women that it was possible to hold. It was most educational and most broad. I am inclined to think we stay too closely to ourselves. I think that the women do not take many steps forward unless they become interested in public affairs. (Applause.)

MISS KEATING.—I do not mean to insinuate that we should not affiliate with the federation, but I think too much work is left to the busy superintendents. The nurses are very much appreciated in the National Council. Our meeting was hurried, and some of the reports were received without being read. The nurse delegates were called upon several times, but there was only a very short time to speak. The ethical significance of the coming Congress of Nurses was



realized. I think that a large number of those there are to stay over to attend the Congress Wednesday, Thursday, and Friday.

The president announced that nominations were in order for a general delegate to the International Congress of Nurses.

Miss Richards was nominated by Dr. Hughes, seconded by Miss McIsaac.

Miss Richards thought a young member should have the nomination.

Miss Hay was nominated by Miss Dock, seconded by Miss Richards.

A standing vote was taken, Miss Richards receiving twenty-one and Miss Hay thirteen votes, whereupon Miss Richards was declared elected.

The secretary read the following letters as being of general interest:

"CLARIDGE'S HOTEL, BROOK STREET, W.

"Miss Mary E. Thornton, Secretary of Trained Nurses' Associated Alumnae of the United States.

"DEAR MADAM: Your letter of May 29 has been forwarded to me here. I am sensible of the honor which the association has done me in electing me an honorary member, and I beg that you will express to the members of the association my high appreciation of their courtesy and my thanks for their action.

"Very truly yours,

"OLIVIA M. CUTTING.

"June 28."

"20 UPPER WIMPOLE STREET, LONDON.

"DEAR MRS. HAMPTON ROBB: I am informed by the honorable secretary of the committee of the International Nurses' Congress that they have arranged for a meeting of the Grand Council of the International Council of Nurses to be held in Buffalo on September 16 next at three P.M. May I hope that you will convey to the members of the National Associated Alumnae a cordial invitation to be present on this occasion, at which a report of the organization work and aims of the International Council will be presented, and also short reports on the condition of nursing in the following countries will be received: The United States, Great Britain, Canada, Australia, New Zealand, Tasmania, South Africa, Egypt, Germany, France, Italy, Holland, Sweden, Denmark, Greece, Brazil, and Japan.

"I am, dear Mrs. Robb,

"Yours faithfully,

"ETHEL L. FENWICK,

"President International Council of Nurses."

"CHICAGO, September 9, 1901.

"To the Trained Nurses' Associated Alumnae of the United States.

"The Graduate Nurses' Association of the State of Illinois extend a cordial invitation to the Trained Nurses' Associated Alumnae to hold its next annual meeting in Chicago.

"CAROLINE SEIDENSTICKER,

"Secretary."

The president then called attention to the by-laws with reference to the Nominating Committee, Article X., Section 1, Subdivision C, and requested that her name be not put up for reelection.

After the announcement that the society had been invited by Dr. Roswell Parks to attend a clinic at the Buffalo General Hospital the next morning at ten o'clock, the meeting adjourned until September 17 at half-past nine A.M.



*Tuesday, September 17, 1901.*

SECOND SESSION.

The meeting was called to order at ten A.M., the president, Mrs. Hunter Robb, in the chair.

After the roll-call the president called for the report of the Committee on Arrangements.

MISS DAMER.—There is nothing further to report to-day. If there are still any delegates or visitors who have not found rooms, they may call at the Bureau of Information and they will have rooms assigned them.

PRESIDENT.—We will now proceed with the reports of the various committees. The next in order is that of the Committee on the Study Course. Miss Stone, the chairman, is not present, but has sent her report, which will be read by the secretary.

SECRETARY.—The following is the report of the Committee on the Study Course:

*"To the Associated Alumnæ.*

"LADIES: Your Committee on the Course of Study presents the following report regarding the course recommended for the past winter and contained in the December number of THE AMERICAN JOURNAL OF NURSING:

"Of the thirty-one associations holding full membership in the Associated Alumnæ, twenty-seven responded to the request of the committee for information as to whether they had followed the whole or any part of the given course, sixteen reported work on entirely different lines, three reported no study whatever, seven failed to reply, five adopted part of the course, and four associations expect to follow the present course next year.

"In Philadelphia, Brooklyn, and New York the local associations combined, weekly meetings were held, and were well attended. In Brooklyn the entire time was given to the study of parliamentary law. In Philadelphia thirty lectures were held on current events. In New York the Nurses' Settlement and municipal institutions were visited, and lectures and clinics held at the various hospitals.

"The following suggestions were offered for the course next year: Sociology, dietetics, housekeeping, sanitary inspection, electricity as applied to the treatment of disease, hypnotism, and hydrotherapy.

"Respectfully submitted,

"FRANCES A. STONE,

"Chairman."

PRESIDENT.—You have heard the report of the Committee on the Study Course. Are there any remarks?

It was moved and seconded that the report be accepted. Carried.

PRESIDENT.—Are there any suggestions to be made for this course for next year, as to whether to continue or abandon it, or whether you found the course of assistance?

MISS KEITH.—I strongly urge that the study course be continued by the Associated Alumnæ. I think that without the course we could not have accomplished one-third of what we did accomplish the last two winters.

MISS RUDDEN.—In our school we adopted the method outlined by the course. We did not get what we should, but it was not the fault of the alumnæ, but the teachers. We spent a great deal of money in taking the course. We have this year decided that we will take a course of lectures from one of our own physicians and drop the course in current events.

PRESIDENT.—I think I am safe in telling the delegates that the Committee on the Study Course is very glad to have suggestions. It will help greatly in



making up the course, and the committee must begin right away to get the outline ready for the October number of the JOURNAL if possible.

MISS CARR.—I happen to be on that committee, and I think, just as the president has said, that the committee is very anxious to have suggestions from all the alumnae. Miss Stone took a great deal of trouble in writing to the presidents of the alumnae, and asked them if they had suggestions to make or topics to offer for the course of study, and we then added one or two ourselves. If the alumnae would send suggestions themselves it would help us very much.

PRESIDENT.—I hope the delegates will make this point emphatic in their reports.

MISS KEITH.—I would like to know how many there are here who can make a report as having taken the course in parliamentary law, and whether it was or was not satisfactory. We found it very satisfactory and learned a great deal from it, and I would like to know if the other associations benefited by it.

MISS VAN INGEN.—We found the course very helpful, and our meetings were greatly improved by it.

MISS CHAPPELL.—We found the course in parliamentary law very helpful and think we will continue it.

DR. PURMAN.—We were not able to carry out all of the work, as there was so much. The president could not attend to the business. The doctors gave lectures on various subjects and we gave lectures ourselves to the Girls' Friendly Society of St. Albans and to a mothers' club.

MISS KEITH.—It is the wish of the Boston delegates to hear some suggestions as to the course, and we have some suggestions we wish to make as soon as they are in order. I move that a committee be appointed to prepare a list of suggestions for study, and that that committee be appointed by the chair. Seconded, and upon vote carried.

PRESIDENT.—The next report is that of the Committee on Incorporation, by Miss Dock.

Miss Dock gave the report of the Committee on Incorporation, as follows:

"ALBANY, March 26, 1901.

"Miss L. L. Dock, 265 Henry Street, New York City.

"DEAR MISS DOCK: In reply to your letter of the 25th inst. I beg leave to inform you that you may incorporate your society under Article 2 of Chapter 559, Laws of 1895, known as the Membership Corporation Law. You can procure a blank membership certificate of incorporation from a law stationer in your city. We have no blank forms for sale or distribution. Our fees will be twelve dollars, including a certificate of filing, suitable for framing.

"Yours respectfully,

"JOHN T. McDONOUGH,

"Secretary of State."

"ALBANY, N. Y., June 20, 1901.

"Lavinia L. Dock, 265 Henry Street, New York City.

"DEAR MADAM: In reply to your letter of the 18th inst. I beg leave to inform you that a membership corporation cannot legally carry on business for pecuniary benefit.

"If the society has any surplus funds they can be invested for the benefit of the organization.

"Yours respectfully,

"JOHN T. McDONOUGH,

"Secretary of State."



"MADAM PRESIDENT AND LADIES: In accordance with the request of the officers of the Associated Alumnae that the matter of incorporating the association should be no longer delayed, your Committee on Incorporation secured a membership corporation charter in the State of New York which was filed at Albany April 18, 1901.

"The kind of a charter an association shall have is determined by its objects as set forth in its constitution. An association with objects similar to ours is only eligible for what is called a 'Membership Corporation' charter. Such a charter makes us as a body legally responsible for our acts, and legally able to hold property, but does not permit us to conduct a business for profit. This association could not, for instance, under its charter conduct the business of publishing THE AMERICAN JOURNAL OF NURSING on a business basis. To do that under legal safeguards would require a different charter, such as is obtained by business firms, setting forth our purpose. This association can, however, buy and hold stock in the JOURNAL, and so practically control it through the voting power conferred upon stockholders by the law.

"Respectfully submitted,

"L. L. DOCK, Chairman,

"ISABEL MERRITT,

"E. D. AYRES,

"Committee."

"CHAPTER 559, LAWS OF 1895.

"*The Membership Corporation Law.*

"ARTICLE II.

"SECTION 30. Purposes for which corporations may be formed under this article: A membership corporation may be created under this article for any lawful purpose, except a purpose for which a corporation may be created under any other article of this chapter, or any other general law than this chapter.

"SECTION 31. Certificates of incorporation: Five or more persons may become a membership corporation for any one of the purposes for which a corporation may be formed under this article or for any two or more of such purposes of a kindred nature by making, acknowledging, and filing a certificate stating the particular objects for which the corporation is to be formed, each of which must be such as is authorized by this article; the name of the proposed corporation; the territory in which its operations are to be principally conducted; the town, village, or city in which its principal office is to be located, if it be then practicable to fix such location; the number of its directors, not less than three or more than thirty; the names and places of residence of the persons to be its directors until its first annual meeting.

"Such certificate shall not be filed without the written approval, endorsed thereupon or annexed thereto, of a justice of the Supreme Court. If such certificate specify among such purposes the care of orphan, pauper, or destitute children, the establishment or maintenance of a maternity hospital or lying-in asylum where women may be received, cared for, or treated during pregnancy or during or after delivery, or for boarding or keeping nursing children, the written approval of the State Board of Charities shall also be indorsed thereupon or annexed thereto before the filing thereof.

"On filing such certificate, in pursuance of law, the signers thereof, their associates and successors, shall be a corporation in accordance with the provisions of such certificate."

PRESIDENT.—As I understand it, we are incorporated as a membership society.

MISS DOCK.—As a membership society. Incorporation gives us rights that we would not otherwise have. It gives us the right to be sued and to sue, and a good many other rights.

Motion made and seconded that the incorporation report be accepted. It was carried.

PRESIDENT.—The next is the report of the Committee on Periodicals, by Miss Davis.



"MADAM PRESIDENT AND MEMBERS OF THE SOCIETY: The Committee on Periodicals beg to submit the following report:

"Now that a doubtful venture has been made a success, and the difficulties and discouragements that seemed so insurmountable have been overcome, a review of the preliminary steps may at this point be interesting.

"No sooner had the Society of Superintendents been formed, the first 'national organization' among nurses, than the need of a journal managed, edited, and owned by the women of the profession began to make itself felt.

"It took voice during and after the superintendents' meeting in Boston in 1895.

"At this time the Associated Alumnae was not in existence, but some preliminary steps were already being taken for its organization.

"A number of the members, in discussing the matter of an 'official organ' informally, were influenced by the late Miss Darche to postpone any definite decision until the organization of the Associated Alumnae should have been completed, as this was intended to be, as it is, the representative nursing body of the country.

"The following year at the superintendents' meeting in Philadelphia, the need having become still more pressing, there was further conference among a few interested members, and the scheme began to take definite form.

"Previous to this meeting Miss Palmer and myself had made some inquiries from publishing houses in Boston and Philadelphia.

"In Boston we met with no encouragement. In Philadelphia we found the publishing house of J. B. Lippincott Company cordially responsive to our inquiries, giving valuable suggestions and data from which to formulate definite plans of action.

"Before the next year the organization of the Associated Alumnae had been completed and the meetings of the two societies were held during the same week in Baltimore in 1898.

"At that alumnae meeting a Committee on Periodicals was appointed, consisting of Mrs. Robb, Miss M. E. Harrington, Miss Nutting, and Miss Palmer. From this committee no report is recorded.

"In the Annual Report of 1899 a committee consisting of Miss M. E. P. Davis, Miss H. Fulmer, Miss M. A. Nutting, Miss S. F. Palmer, and Miss M. W. Stevenson reported through Miss Stevenson that a meeting had been held on the evening of the first day of the convention, at which meeting two plans were suggested,—one to find someone to back the enterprise financially, and the other to form a joint-stock company. Your chairman, not having been present at the meeting, has only the data of the Annual Report of the Associated Alumnae, which does not show that any further steps were taken.

"Later in the year, having accepted the chairmanship of the committee, her first official act was to call a meeting in New York, January 3, 1900. Members present, Miss Palmer, Mrs. Robb, and the chairman. During the conference Miss Dock, Miss Maxwell, and Miss Merrit came in, and the outlines upon which the JOURNAL has been established were formulated, all of which was reported in detail at the meeting held in New York the following May.

"It will be remembered that at this meeting, after a discussion of the subject, it was voted that this committee be given full power to establish the magazine upon the lines which had been formulated, including the formation of the joint-stock company, if in the development of the plans this proved a necessity, and to be retained in office until such time as their services could be safely dispensed with.

"Armed with this authority, and during convention week, the committee met, decided on the name, and authorized the chairman and editor to go to Philadelphia for a final interview with the J. B. Lippincott Company before deciding upon a publishing house. The committee agreed that in an undertaking of this magnitude, in which all of the workers were without experience, we must have the advice and support of a publisher cordially in sympathy with our plans. The J. B. Lippincott Company was selected as much on that account as on its financial terms at a meeting held in Boston in August.

"The people who had sent in their subscriptions four or five months in advance began to grow impatient of delay. It was therefore given out that the first number should appear in October, 1900.



"Our editor at this time held the position of superintendent of a busy hospital, and in order to give the necessary time to this new work obtained from her managers a four-months' leave of absence and devoted this time to the issuing, with its consequent business and correspondence, of the first three numbers of the JOURNAL.

"When we were ready to go to press with the first number your chairman turned over to the J. B. Lippincott Company eleven hundred and sixty-two dollars, the proceeds of the subscription list obtained by her, since which time this firm has assumed the business management.

"The monthly statements show that the JOURNAL has paid the cost of its manufacture, which includes printing, paper, mailing, business management, and incidental expenses, but leaves no balance on hand at the end of the year.

"Instead of the work of the editor decreasing with experience, as might have been anticipated with the growth of the JOURNAL, it became manifestly heavier, and at the same time her work in the hospital became exceptionally difficult, owing to a variety of causes that were felt by all the hospitals throughout the country, and she notified your chairman that it was fast becoming a physical impossibility for her to continue the two lines of work.

"As a number of *alumnæ* associations and individual members who were interested had forwarded money for shares of stock, it became necessary at this juncture to call them together to organize and incorporate the stock company and to determine whether or not the salary of the editor should be paid from this reserve fund.

"The meeting was called in Boston April 20, 1901, and the company was organized by giving a name and electing officers.

"Realizing that very few of the stockholders could be present, an opportunity had been given to send their proxies for the choice of editor with the expressions of their opinions in regard to the amount of the salary of the editor.

"The vote was cast that the present editor be retained at a salary that would make it possible to devote her entire time to the JOURNAL. Seventeen out of twenty-one were in favor of immediate incorporation, so as to put the company in a position to legally assume the liabilities of the JOURNAL, its receipts and expenditures, and to be able to turn over to the Associated *Alumnæ* in a legal manner all the business of the JOURNAL whenever that body found itself in condition to assume it and reimburse the stockholders.

"In closing we wish to commend the work done by the various editors of the JOURNAL and to thank them for their prompt and loyal assistance in this venture.

"We also wish to thank all who have so cordially responded to our appeals for support, and to say that the future success of the JOURNAL depends absolutely on the coöperation of the members of the *alumnæ* societies. 'With them we stand; without them we fall.'

"The statement of our financial condition just submitted at the close of the business year, while in a way a matter of congratulation, shows that if we are to continue on the same liberal lines, renewals must be made promptly and the subscription list largely increased during the coming year.

"Your committee would recommend that the most important work of the *alumnæ* associations during the coming year should be the building up of this our official organ both financially and professionally.

"With a liberal income the JOURNAL can be made of greater value to the profession, its power for good being limited only by its finances. The time has passed when the assistant editors and officers of the company should be expected to do any more work without some compensation. We have been very fortunate in having had an abundance of material for which no remuneration was demanded, but this cannot go on indefinitely.

"The finance problem could easily be met if each *alumnæ* member subscribes and uses her influence to induce a friend to do the same.

"Respectfully submitted,

"M. E. P. DAVIS,

"Chairman."

PRESIDENT.—You have heard the report of the chairman of the Committee on Periodicals. Are there any remarks or any questions to ask about the report before its acceptance?



MISS WALTON.—May I ask how many subscriptions there are to the JOURNAL? Have you any idea of the number of subscriptions?

MISS DAVIS.—We consider it not quite the proper thing to be given publicly. Upon motion, which was seconded, the report was accepted.

PRESIDENT.—Do you wish to have a discussion on the subject of the magazine before going on with other business? I should like to ask Miss Davis if she can tell us what sum the Associated Alumnae should raise before it can think of buying the magazine?

MISS DAVIS.—I hadn't thought of that at all, their buying it out and out. I don't know who they would buy it from. All they are asked to do is to take it and reimburse the stockholders, if they wish to be reimbursed.

PRESIDENT.—Of course, this stock was subscribed for, and in addition I suppose we should have a certain reserve fund; for instance, if the alumnae wishes to have the magazine become its property, then it would be necessary not only to raise money enough to reimburse the stockholders, if they wish to be reimbursed, but also to have a reserve fund.

MISS DAVIS.—We would have to give the one hundred dollars to each one or the one hundred dollars with the interest. Whatever they have subscribed we would give back to each.

PRESIDENT.—If all wish to be reimbursed, that would mean that we would have to raise two thousand one hundred dollars, and then, in addition to that, would we not have to have a reserve fund?

MISS DAVIS.—That would come altogether in your sale of stock; it is not limited.

PRESIDENT.—If the magazine belongs to the Associated Alumnae, then we would not have any stockholders.

MISS DAVIS.—We have nothing to do with this stock company after it turns its business over to you.

PRESIDENT.—Supposing we were to buy in the shares of stock for the alumnae just as they stand?

MISS DAVIS.—You would have to have two thousand one hundred dollars to reimburse your stockholders, and then just as much as you wish to sell. You would still have the subscription list and the advertisements, but we have nothing in the hands of J. B. Lippincott Company to go on with; all we have is this reserve fund.

PRESIDENT.—How much more do you think we ought to subscribe or raise in order to make us feel secure?

MISS DAVIS.—We would want double the amount that it has taken to run the magazine.

PRESIDENT.—We would have to raise about ten thousand dollars to make it safe?

MISS DAVIS.—Not less than that. But there is a stockholders' meeting called for Thursday, and a committee meeting with it. The hour and place has not been mentioned. The financial report will be made at that meeting, and all of the stockholders are to be there.

MISS DOCK.—There are a great many of the delegates who do not understand the business terms. I think there are a great many of the delegates who think Miss Davis does not make the subject clear.

MISS CARR.—We would like to have Miss Davis tell us why the delegates should not know the number of subscribers.



MISS DAVIS.—There is no objection whatever to the delegates knowing, but we do not want the public, the whole world, to know it, as that would be unbusiness like.

MISS CARR.—Is there any business reason why the number of subscribers should not be given out?

MISS DAVIS.—We have reason for not wishing it to be made public.

MISS WALTON.—I asked that question, and I wish to retract it, for I understand that you have not had your annual business meeting. It seems to me that there are a great many matters that the Associated Alumnæ has nothing whatever to do with. We cannot expect to know all the details unless we are stockholders.

PRESIDENT.—You have appointed a committee and they will know, and if they do not, then they should know the reason why.

MISS CARR.—I would like to know why the delegates should not know the ordinary business reason why this should not be known?

MISS DAVIS.—I cannot quite see why they want to know the workings of the Finance Committee.

MISS PALMER.—I think all this can be very easily understood if you know anything about business. Miss Davis would inform each alumnæ individually, but the objection is, we do not want to stand up here and give to all the world all of our financial standing. It would be most unbusinesslike.

MISS CARR.—Then the reasons, as far as I understand them, are that it is a statement that it would be very unwise to give to the world,—the number of subscriptions to any paper. As I understand, a great part of the revenue of the JOURNAL is the advertising it has, and the more advertising it gets the more money the JOURNAL would have to expend, and if the outside world feels pretty sure there is a large subscription list they would be more ready to send their advertising.

MISS PALMER.—I had some curiosity to know how many of the subscribers to the JOURNAL were alumnæ members, and I asked the publishers to check off on the old Alumnæ Report of 1899 the names to be found on the subscription-book. This comparison showed that our subscribers are not in any way limited to alumnæ members, but that we are being supported by nurses from all over the world, the alumnæ members comprising a small proportion of the total number. This goes to show that the alumnæ members are not realizing their responsibility to the JOURNAL as they should.

PRESIDENT.—The points I would like to have the delegates understand in connection with the magazine are as follows: That the magazine is at the present time the official organ of the Associated Alumnæ,—that is, all of our reports and all of our business and everything must go through its pages,—but that it really belongs to a stock company numbering now twenty-one members, each of whom has subscribed one hundred dollars with the exception of two alumnæ, who subscribed two hundred dollars apiece, but all the rest are individual subscriptions for one hundred dollars each. Now, if you wish to have the magazine not only the official organ, but also the property of the Associated Alumnæ, there are two things which you must do, one is to enlarge the subscription list just as much as possible, bring it up into the thousands as far as you can, each member bringing in one or more subscribers; then there will be no doubt about the magazine taking care of itself; but, as Miss Davis tells us, in addition to that we will have to get money enough to reimburse the stockholders in order to own the magazine. For this we would have something like two thousand five hundred



dollars to raise, and in addition to that we would have to have a sinking fund. You would have to raise from eight to ten thousand dollars to really own your magazine. It is just as well not to consider your subscription list and your advertisements, because there would be plenty of ways to spend that money without using any of it for a sinking fund. If you owned your magazine, it would then be conducted by a Board of Directors appointed by yourselves. I think it is worth working for, but until that time comes you will have to have, as you now have, a Committee on Periodicals. Last year you appointed that committee to stand so long as it seemed necessary, and it is necessary that that committee should stand until you own the magazine, if you wish to own it. I do not know whether you wish to own the magazine or not, but if you do, that committee should stand until you raise the money. If you wish ultimately to own your magazine, your Committee on Periodicals will still stand; if you do not wish to, the work of your committee is now at an end. The charter that Miss Dock read is sufficient for the time being. There is no reason why we should have that changed until the time comes. When you have raised your money and are ready to take your magazine, then another charter can very well be arranged for.

MISS PALMER.—I think perhaps it would be well to say that the stock company is composed, so far as I know, entirely of alumnae societies or members who have taken stock, and the officers of the stock company are also alumnae members. I do not think that there is any intention of allowing any part of the business of the corporation to go outside of the members of the society.

PRESIDENT.—Would it not be necessary to reincorporate?

MISS DOCK.—Yes, a necessity.

MISS SCHENCK.—I move that the committee stands for at least another year.

MISS DAVIS.—I would like to say that if the present committee is reappointed it will have to be until the alumnae takes the business off our hands.

MISS SCHENCK.—I would like to change my motion so that the committee stands until the business is taken out of the hands of the stock company, or until the magazine becomes the property of the alumnae, or until such time as the alumnae wishes to definitely give the magazine up.

The motion was seconded and carried.

MISS PALMER.—I think one reason why the subscription list among the alumnae members is so small is because this first year we have been concentrated on one thing, and that has been to give the JOURNAL a good professional standing; we wanted to make it useful, and so long as we have had money enough from month to month to pay our bills we have not tried to advance the subscription lists,—we are busy women. Now this second year every one must make a very great effort to work for the subscription list. We have not had agents anywhere. We have not had anyone to represent us, and everything that has been done has been done by the business manager in Philadelphia. It seems to me that it would be a good plan if each delegate of each society represented here would go back home and send to me the name of a reliable nurse in her State who would act as our agent and canvass that State thoroughly among the nurses in it, whether she is an alumnae member or not, doing it on a small commission. We have to pay outsiders fifty cents on every two dollars if we employ men or women who canvass. It seems to me that our own alumnae members might do it for one-half of that amount, and I think a great many would be interested in this. That is my suggestion. The question of the amount can be raised if you think it best, but I believe that is the step for us to take, and that each society represented here might send us the names of reliable women who could be induced to conduct that



matter and keep a correct account of the list and send it in to Philadelphia, and in this way work up the list a great deal.

MISS DOCK.—I think we expect too much of the nurse, and I am sorry to say that nurses are very unbusinesslike, and I think it would be very much better to pay a good business man as agent to canvass and get subscriptions for us. Nurses are too unreliable about such things.

MISS RICHARDS.—I have had a letter from one nurse asking if she could get up subscriptions just in this way.

MISS DAVIS.—I think this is a matter for the committee.

PRESIDENT.—At the same time, I think that it is well for the delegates to take Miss Palmer's suggestion back to their alumnae.

MISS PALMER.—I only make it as a suggestion.

MISS DAVIS.—Before closing the subject of the magazine I wish to announce that the stockholders will hold a meeting here to-morrow evening.

PRESIDENT.—We have left over as unfinished business from last year the question of pooling expenses. The question is now open for discussion whether we shall pool delegates' expenses, or shall we have each alumnae meet its own expenses?

MISS DAMER.—I move that each alumnae pays the expenses of its own delegate.

Motion seconded.

MISS KEITH.—It seems to me that it would make a great deal of difference where our meetings are held.

PRESIDENT.—Before we decide on the pooling of expenses it might be just as well for us to first decide where we shall hold our next meeting,—in New York or Chicago?

MISS DOLLIVER.—May I ask whether the pooling is for the coming year or whether it is to be adopted permanently?

PRESIDENT.—Shall it be permanent, or from year to year? I think the idea was that it would be permanent.

MISS BARNARD.—Has it ever been definitely decided whether New York is a permanent meeting-place or not?

PRESIDENT.—It was decided that we should make New York our business head-quarters, with the understanding that we should make visits to other parts of the country, but our secretary and treasurer should be selected from New York City or vicinity in order to facilitate business. But the decision leaves us at liberty to appoint a place of meeting from year to year. Afterwards in the executive meeting we decided that every two or three years we would make a visit to some of the other cities, not every year, but every two or three years, Chicago, Boston, or some other place.

MISS BARNARD.—I suppose that on deciding on a place of meeting we should make the expense as little as possible. Last year we had a full delegation, each association sending its full number of delegates; previous to that we had only one delegate from each.

PRESIDENT.—The Congress has been a great inducement this year. Last year, if there were forty-eight or fifty delegates present, that means that that number of women understand very much more definitely than any report could make them understand what we are trying to do; the more delegates sent from every school, the greater the interest in your home alumnae.

MISS SCHENCK.—If this question is in order, does it make it more expensive for small societies when expenses are pooled?



MISS BARNARD.—Not if they would send a delegate anyway.

PRESIDENT.—I think we cannot carry this discussion any further, as it is nearly twelve o'clock. I will ask the delegates to say where they wish to hold the next annual meeting, which takes place in May. Do you wish to go to Chicago or New York?

MISS DAMER.—I move that it be held in Chicago. I am a New York delegate, but I do not think it proper for us to hold all our meetings in New York. I think we should go over the country. Now, for instance, two years ago I went down to the alumnae meeting in New York and invited them to meet here this year, and two associations here joined the national association that they might be represented in this meeting, because it was going to meet here, and I think it will be the same in other cities, because only a few can come, and if we go over the country we get all the nurses interested, and many are able to attend when they would not if we met in one place all of the time.

The motion was seconded and carried that the next annual meeting be held in Chicago.

PRESIDENT.—I have a very pleasant announcement to make. It is that two of your alumnae have subscribed one hundred dollars each to help continue the Teacher's Course at Columbia University for the next year. I also beg to call your attention to the fact that an error was made on page 34 of last year's report, and I will ask the secretary to read her report on that point. It was an error on the part of the stenographer.

The secretary read her report on that point.

PRESIDENT.—The balloting for the officers is now in order. Will the Nominating Committee please read their report.

The report was read as follows:

"Report of Nominating Committee appointed by delegates to the National Associated Alumnae of the United States. Members of committee, Miss Drown, Miss Fulmer, and Miss Barnard, the latter requested by other members to act as chairman:

"Nominations:

"For president, Miss Idora Rose, Chicago; Miss Mary M. Riddle, Boston; Miss Annie Damer, Buffalo.

"First vice-president, Miss Helen Hay, Chicago; Miss Mary Smith, Detroit; Miss Anna Greenleas, Washington.

"Second vice-president, Miss E. C. Sanford, Rochester; Miss H. B. Fulmer, Chicago; Miss d'Arcy Stephens, Orange Memorial.

"Secretary, Miss M. E. Thornton.

"Treasurer, Miss Tamar Healy.

"It has been quite impossible to see nominees not present. Nominations from the floor would, of course, be in order.

"Respectfully submitted,

"H. BARNARD,  
"Chairman."

PRESIDENT.—I think it would be very helpful if the Nominating Committee would state the merits of the nominees, so that the delegates may have an intelligent understanding as to their qualifications for officers.

MISS BARNARD.—Miss Idora Rose is nominated because we considered her very fit for the position, also because there seems to be a general impression that an officer should reside in that part of the country. She would be a most efficient representative. Miss Riddle was nominated because she was known to be by some of the members a very prominent woman in her profession. Miss Damer



was selected because she has shown herself to be very businesslike and efficient, and because she has done so much towards furthering the interest here. I think if we went through with their names one by one it would be very much the same way.

PRESIDENT.—Nominations from the floor are now in order.

MISS KEITH.—Last year at the meeting in New York there were eleven officers chosen, and not one from the New England States. This year there are eleven more officers to be chosen, and I find just one from New England among this number. We are perfectly satisfied with that one nomination, but I want to call the attention of the delegates to the fact that New England was not represented at all last year and has only one representative this year. I wish to withdraw the statement that there are eleven to be elected; there are five to be elected, and I notice there are eleven names presented; otherwise my statement is correct.

PRESIDENT.—I have just stated that nominations are in order from the floor. All have the privilege of nominating from their part of the country if they wish.

No nominations being made from the floor, the ballots for voting were distributed.

While the ballots were being counted the business of the meeting was finished.

MISS MCISAAC.—I should like to offer the following resolution:

*“Resolved, That the Associated Alumnae of the United States places upon its records this expression of gratification at the appointment of a trained nurse as the Superintendent of the United States Army Nurse Corps.”*

The resolution was unanimously adopted.

PRESIDENT.—In the report of your Executive Committee it was recommended that a Committee on Constitution be appointed. As the constitution now stands it is very difficult to live up to, and in some ways it is most misleading, and, altogether, it needs a revision from beginning to end, and I would like to request that a Committee on Revision be now appointed.

MISS KEITH.—I move that a committee be appointed by the chair.

PRESIDENT.—How large?

MISS KEITH.—Five. I move that the chair appoint a committee of five. The motion was seconded, and upon vote taken it was carried.

PRESIDENT.—We decided to hold our next meeting in Chicago. I would like to have a motion made as to whether you wish or do not wish to pool expenses and have it put to vote.

MISS CONNOR.—I move that for the next year the expenses be pooled. Not seconded.

MISS DAMER.—I move that the expenses of the delegates to the annual meeting of the Associated Alumnae be met by the individual alumnae associations.

The motion was seconded and carried.

PRESIDENT.—I think sometime since the secretary sent you a communication calling your attention to the fact that this meeting would be held in Buffalo, and the second part of the letter reads as follows: “. . . the position of nurses who are most desirable as members of our association, but because their schools have no alumnae organization are debarred from its privileges. It would be well for the associations to bring this matter before their members and to consider the advisability of establishing an auxiliary membership, giving all the privileges of the association except the vote.” I think we ought to open it for discussion here to-day. May I ask if many applications have been received asking for this?



SECRETARY.—Not formal applications, but a great many nurses have come to see me.

PRESIDENT.—We will be glad to hear from any delegates who have been instructed by their alumnae. I have heard that the matter has been discussed very favorably.

MISS DAMER.—I think we should consider it, and I would move that this matter of auxiliary membership be referred to the Committee on Constitution and By-Laws. The motion was seconded and carried.

Miss Barnard, chairman of the Nominating Committee, submitted the following report of the vote for officers for the ensuing year:

President, Miss Annie Damer, Buffalo, N. Y. First vice-president, Miss Helen Hay, Chicago, Ill. Second vice-president, Miss Harriet Fulmer, Chicago, Ill. Treasurer, Miss Tamar E. Healy, Brooklyn, N. Y. Secretary, Miss Mary E. Thornton, New York City.

As there was only one nomination for secretary and treasurer, it was moved, seconded, and carried that they should be elected by acclamation, which was done.

MISS RUDDEN.—I would offer the following resolution:

“That the warmest thanks of the Associated Alumnae be extended to Mrs. Robb for her untiring energy in the promotion of all the best interests of the association, and that cordially as we welcome Miss Damer as incoming president, it is with regret that we lose Mrs. Robb.”

Upon vote being taken the resolution was carried.

PRESIDENT.—I wish to express my thanks for your kind resolution. If I have not succeeded as well as I could wish, it has not been through any lack of interest. The first years of any new organization are always more or less difficult, and the work is uphill, but after five years of service I feel that the affairs of the association are sufficiently well advanced to leave them in the hands of others, while I can perhaps do as much or more simply as a working member. Before closing I would once more urge upon you the importance of fostering the individual interest and work for your profession. This can perhaps be no better furthered than by the means of local associations, for a clearer understanding of the needs of the larger association can be the more readily arrived at through the medium of the local bodies. Again I thank you for your resolution, and take great pleasure in welcoming to the chair as your president Miss Annie Damer.

Miss Damer took the chair and said:

“I hardly know what to say to you, this is so unexpected to me. I knew nothing about it until I heard the name read from the ballot. I wish to thank you for the honor conferred on me, and I hope I may be able in some small measure to follow in Mrs. Robb's footsteps. I have nothing further to say now, unless it be to ask if there is any business to be done. I desire that we should hear a few words of greeting from our new vice-president.”

MISS DOCK.—I think that this society should offer a resolution of thanks for all Miss Damer has done for this meeting. She has done a great deal of hard work. I would move that the society give a vote of thanks to Miss Damer for her work at this time.

MRS. ROBB.—I take very great pleasure in presenting the motion to the association in recognition of the great work Miss Damer has accomplished in making this meeting a success.

The motion was seconded and carried.



MISS HAY.—I thank you for the honor you have conferred upon me, and I am especially anxious that Miss Damer should have perfect health this next year.

MISS FULMER.—I simply echo what Miss Hay has said.

PRESIDENT.—If there is nothing further before the meeting, will some one make a motion to adjourn?

It was moved and seconded that the meeting adjourn.

PRESIDENT.—The association is now adjourned to meet at Chicago the first of May next year.





# THE AMERICAN JOURNAL OF NURSING

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NO. 5

## EARLY HISTORY OF THE BOSTON TRAINING-SCHOOL

BY MRS. CURTIS AND MISS DENNY

Members of the Original Board

OF two out of the three Training-Schools which were the first ones started in America histories have been given in the November number of this JOURNAL, and the present paper will be devoted to the school attached to the Massachusetts General Hospital and known as the Boston Training-School for Nurses.

From the time that Florence Nightingale's name and work were known to the American public, and especially after the publication of her little book, there was a growing feeling in America that in the course of time nursing might come to be recognized as something to be taught, not merely taken up as one way of earning money, without any thought of special fitness for an occupation dealing with life and death. The Boston school began under very different circumstances from its predecessor. The Bellevue school was only made possible by the splendid battle fought by the women of New York against the cruel suffering endured by patients in a great city hospital where much of the nursing was done by pauper women. There was no reason of that kind to stir up a demand for a change in the two large hospitals of Boston. Indeed, the difficulty to be struggled with was the fact that while the nursing was in general as good within the hospital as could be found for money, a hospital staff would very naturally look with surprise and alarm at a proposal to bring within its walls an entirely new régime,—one, too, to be carried on by those who themselves must learn how to teach.

The great need and importance of a training-school for nurses in Boston was one of the first subjects that attracted the attention of the Woman's Education Association, and I copy the following extract from their "Second Annual Report:"



"A meeting was called as early as June, 1872, to consider the subject, and it was made a special object of discussion in two or three meetings during the next autumn? In the winter of 1873 a member of the committee heard of the excellent school for nurses which had been established in New York. She made a visit there, and satisfied herself that the plan was a wise one and would succeed. The report induced the committee to believe that they had really found what they had been so long seeking. They called a parlor-meeting in order to consider the subject more fully and to interest persons outside of this association in the plan. This meeting brought out the expression of so much interest and so much sympathy with the movement that though the difficulties of the undertaking were seen to be great, the committee reported in favor of it at the regular meeting of April 10, and recommended that it should be committed to the charge of twelve ladies and gentlemen, who should organize it and carry it on independently of this association."

In consequence of this action a circular was sent out summoning a meeting of all those who were interested either for or against the training of nurses. The meeting was held in May, 1873, and was large and representative,—those who, without knowing how such a revolution was to be brought about, were eager for the day when this new order of being, a trained nurse, was to be had for the asking and pay—for it must be remembered that it was not only the quality, but the quantity, that was lacking; and, literally speaking, the whole of a long day had sometimes been spent in searching for a reliable nurse. There were not many physicians present; a few came to watch proceedings; some to speak—not unfriendly words, though rather anxious ones. Dr. Susan Dimock gave encouragement with most delightful voice and manner. The upshot of it all was that a committee was formed, and then the work began,—I mean the work of finding what was possible to be done: first to decide upon a plan, to ask for the coöperation of physicians, and to raise money necessary to carry out the experiment. As the result of this a letter was sent to the trustees of the Massachusetts General Hospital asking their permission to establish the Training-School in connection with that hospital. The answer seeming favorable to the plan, a conference was arranged.

In July a definite proposal was received from the trustees of the Massachusetts General Hospital that two wards—one of these the Brick Building, as it was then called—should be placed in charge of the Training-School. "The Brick" was selected for three reasons: that it represented the medical and surgical departments and that it offered the work desirable for the training of the nurses.

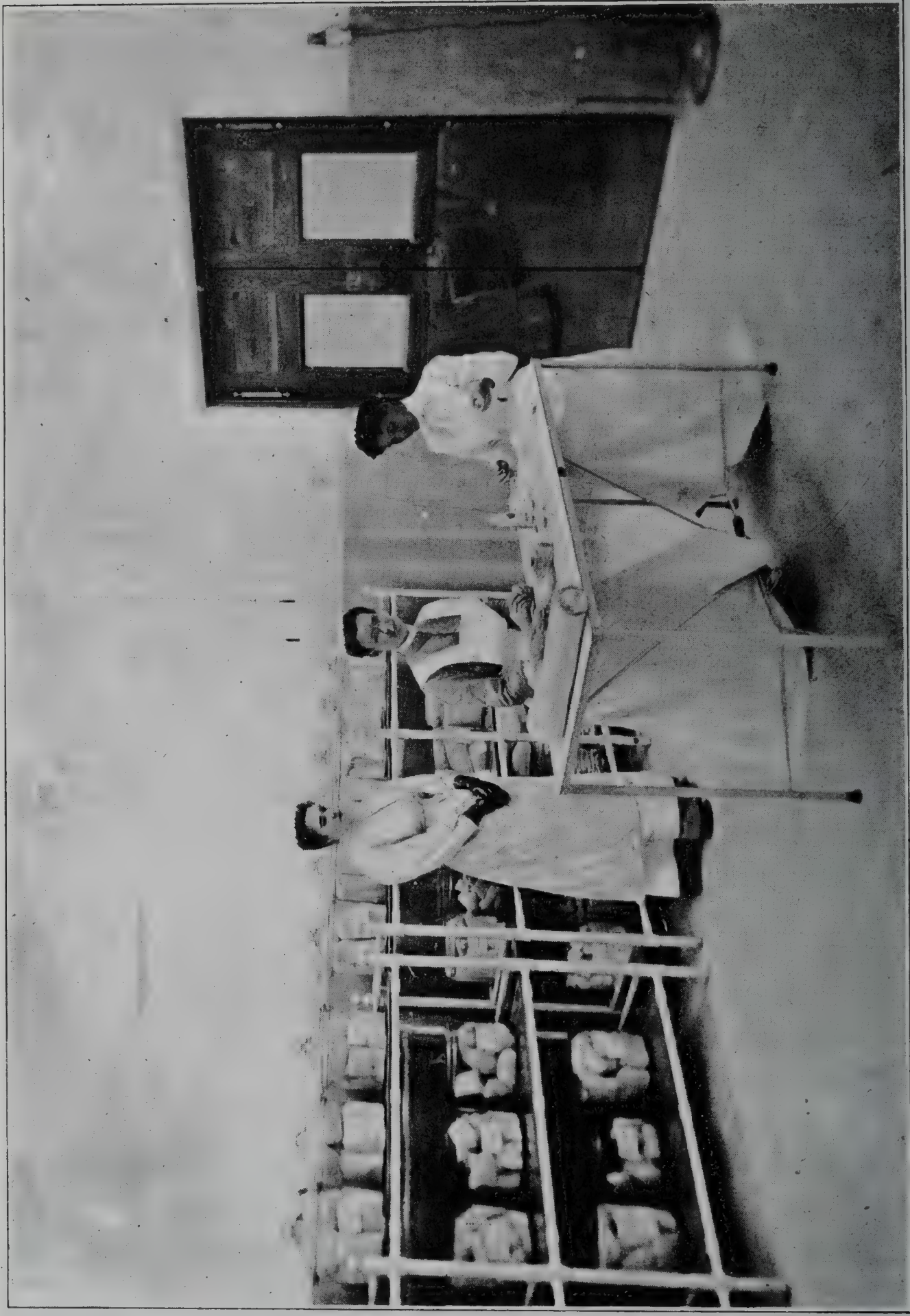
Here may appropriately be introduced two papers which passed be-





AN OLD WARD UNDER THE NEW RÉGIME  
Massachusetts General Hospital





MODERN OPERATING-ROOM ANNEX  
Massachusetts General Hospital



tween the trustees of the hospital and the directors of the Training-School defining the relations between the two:

"In committing the charge of nursing the patients in the Massachusetts General Hospital to the Training-School for Nurses, the trustees of the hospital propose the following conditions:

"1. This relation between the hospital and the Training-School shall continue during the pleasure of the trustees.

"2. Such of the nurses now employed by the hospital as the trustees wish to retain shall be adopted by the Training-School.

"3. Nurses and pupils of the Training-School shall not attend the patients of the hospital without previous training in moving and caring for persons in bed. Their training within the walls of the hospital shall include such instructions in cooking and in the making of poultices and other appliances for the sick as are essential to good nursing.

"4. Nurses appointed by the Training-School to serve in the wards of the hospital shall agree to continue in service at least two years, but the trustees retain the right to discharge them from service in the wards for sufficient cause.

"5. Superintendent, nurses, pupils, and all persons employed by the Training-School at the hospital shall be subject to such rules and regulations as may be prescribed by the trustees. They shall be under the exclusive medical jurisdiction of the physicians and surgeons of the hospital, and no instruction of or interference with said persons within the hospital shall be permitted without consent of said physicians and surgeons.

"6. The number of nurses and pupils boarded, lodged, and paid at the expense of the hospital shall be fixed by the trustees.

"7. Wages shall be paid directly by the hospital, and not through the Training-School.

"8. The duties of the superintendent of the Training-School shall not conflict with those of the matron of the hospital, assigned to her by the trustees."

"*S. Eliot, Esq., Chairman, etc.*

"MY DEAR SIR: I am instructed to say, on behalf of the directors of the Training-School, that the conditions under which the trustees propose that the school shall continue its connection with the hospital seem to them satisfactory—with the following limitations and explanations, which they propose to the trustees:

"As to condition No. 1, that the connection of the school with the hospital may be dissolved at the desire of either the trustees or the directors upon reasonable notice—say not less than two months; as to No. 3, that it is understood that facilities for instruction in cooking shall be given within the hospital; as to No. 4, that the director of the school also retain the right to discharge any nurse or pupil; as to No. 5, that the word 'interference' shall not be held to apply to the rules and discipline which (subject to the regulations of the hospital) the directors may judge necessary for the good government of the school, nor to the visits of the directors made to inform themselves of the condition of the school. As the wages of each pupil have to be fixed in the original agreement with her, we propose that the present rate (ten dollars a month for the first year and sixteen dollars a month for the second year) be accepted by the trustees for the exist-



ing agreements, and that any change in the rate in future agreements be made by the consent of the trustees and the directors. The directors have voted to agree to the conditions if it shall seem proper to the trustees to consider the above explanations to be a part of them.

“ I am, etc.,

“ M. BRIMMER.”

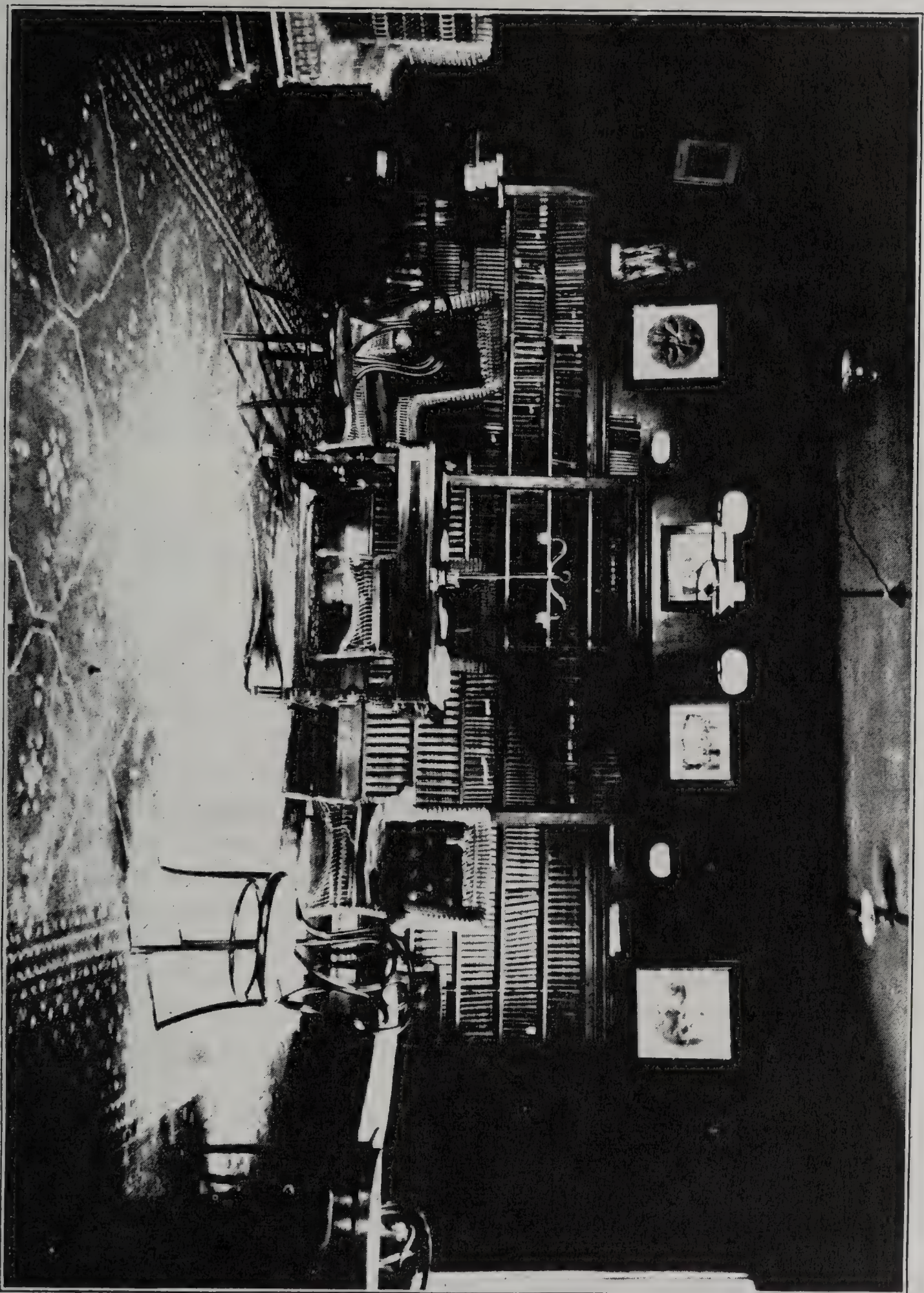
These regulations having been adopted, Dr. Folsom would be ready to put more wards under the charge of the school if the experiment proved satisfactory. The circular asking for funds from the public had been made unnecessary, as sufficient money had been received in voluntary contributions to authorize the hiring of a house very near the hospital to receive the nurses. A superintendent had been engaged who was to spend three months at the Bellevue Hospital to study their methods before taking charge of the school. All this had been brought about with constant meetings and much thought, and by October the Board of Managers was able to notify the hospital that it would be ready to undertake the work on November 1. On October 30 the board held its first meeting at the Nurses' Home, where already the superintendent and two nurses were installed, and the rest of the applicants chosen had been notified to present themselves.

The old Monthly Records show how much care and consideration were given to every step taken, and with the result that by January, 1874, Dr. Folsom had promised to put two new wards of the hospital into the hands of the Training-School.

A new era began when Miss Linda Richards agreed to take the position of superintendent in November of 1875, and within the same year the school was incorporated. In November the first graduates, three in number, received their diplomas. One remained in the hospital as head nurse of a ward, one went to the New Haven Hospital, and the third to private nursing. In April, 1877, to the great regret of the directors, Miss Richards resigned her place as superintendent in order to carry out her plan of going to England, but under her management the school had advanced so far that she left it in charge of all the wards in the hospital with the exception of one, the private ward. This ward was, by the wish of the trustees, retained in charge of the hospital for some time longer, but eventually it was given, with the rest, into the hands of the superintendent of the Training-School. The home had been given up some time before, and all the nurses were lodged in the hospital.

And so, in less than ten years, all had been accomplished that was included in the first plan of the Women's Education Association. The hospital authorities had not only given the care of the patients to the nurses of the Training-School, but had done all in their power to aid





CORNER OF LIBRARY IN THE NURSES' HOME  
Massachusetts General Hospital







them by instruction, and the public gave constant employment to the graduates.

The building of the "Thayer," giving a dwelling to the nurses connected with the hospital and yet entirely apart, with every arrangement for rest and comfort, was of incalculable benefit. Year by year added improvements to the instruction in their profession. When in 1895 it was decided that the Training-School should pass entirely into the hands of the hospital authorities and the Board of Directors therefore ceased to exist, the half dozen of nurses who were sufficient for the experimental beginning had increased to seventy-two, with superintendent and assistant superintendent. Three hundred and ninety-eight nurses had been graduated, of whom fifty-eight became superintendents or assistant superintendents in other hospitals, one hundred and eighty-six took up private nursing, and the remainder either died or returned to other occupations.

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## REVERENT CARE OF THE DEAD

By CHARLOTTE M. PERRY

Graduate Massachusetts General Hospital Training-School

How truly our beliefs, our sense of the infinite and of the "permanence of man's individuality and being" in the life to come, influence us towards a reverent care of the dead is perhaps not perceptible to us during the busy hospital career. That centre of activity was often the scene of sorrow to bereaved relatives of patients, but under the pressure of many duties there was not time to realize more than the bald fact of death. We went down to the river's edge with our patient and closed his eyes to all earthly sights, were touched by the sad spectacle, and then hurried back into the whirl of work. According to the frequency of this experience, we may have felt less its significance, and even have become perfunctory in the discharge of those duties allotted to us in this connection.

Sooner or later, however, we must form some definite conceptions regarding the mystery of life and death; and it will be from those who entertain high ideals of the sanctity of the human body in its present and future relations, those who take into account the element of responsibility for all deeds done in the body with which every moral and reasonable being is endowed, that we shall expect a reverent care of the shrine of the soul at the time of death. There will be some sense of the intimate relations which have existed between the body and that immaterial part of us which lives on, quickened, in the disembodied state, with a keener



intelligence. The idea of responsibility demands that memory, at least, shall be free to exercise itself undisturbed. If memory is essential, so are the judging faculties. Activity such as we cannot now conceive of will be the portion of the liberated soul, whatever the state it falls heir to, good or evil. Some have thought that the disembodied soul possesses subtler organs,—capacities of seeing, hearing, and speaking,—which either by its own native power given at its creation it forms to itself, or by a special act of the Divine power it is supplied with.

Whatever the condition and environment of the departed soul immediately after death, the very mystery which surrounds so important a subject to ourselves gives rise to a spontaneous impulse of reverence in the presence of the dead. Even hardened undertakers, however much they may seek to “shake it off” and act as though these more than daily occurrences had made them entirely callous, sometimes reflect upon the change which must overtake us all.

It is a great mistake to fancy that scientific study brings with it a sceptical attitude towards these subjects, which must in part remain a mystery on this side the grave, because they have not been fully revealed. Far from this, it should lead us to expect great things in the way of future existence. “If we regard the world of Nature, we notice that perpetual destruction and resurrection are going on, and we ourselves maintain our present life by a series of resurrections.” “Day dies into night and is buried in silence and in darkness; summer dies into winter, and spring leaps to life from its sepulchre; the corn is cast into the earth and buried, that being corrupted it may revive and multiply; the caterpillar passes into the butterfly after its seeming dead existence in the chrysalis.”

The latter simile has served for illustration to those who believe the body is a mere shell to be cast off and done away with at the time of death, thus barring out the joyous belief of final resurrection and substituting an attenuated corporeity far from *human*. But saddest of all is the faithless cry—“death ends all.” There is no call for a reverent care of the dead in either instance—at least in the former it would be only owing to association or custom.

So far we have been thinking only of the reactionary effect upon the nurse of her belief in these matters, and of the consequent manner in which she discharges her duties. Habit makes character: what the accumulated result in callous unbelief will be on the one who goes through these offices in a stoical, indifferent, hard, or even superstitious way cannot be estimated.

Consideration for the relatives of the deceased is, of course, of prime importance; self-interest, if no higher motive, would lead a nurse to



cultivate it. The writer recalls an instance where a most spiritual and devoted clergyman, in visiting a hospital morgue, objected strongly to the noisy, rough manner of the man in charge. This may have been due to nervousness or to carelessness. In another case, the relatives were shocked by undue exposure, which was, however, entirely traceable to accident. It is comforting to know that on the whole a fitting reverence does obtain in our hospitals and in private practice; that if this is a materialistic age, it is one also of toleration and respect for others' beliefs.

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## THE ORIGIN, GROWTH, AND PRESENT STATUS OF DISTRICT NURSING IN ENGLAND

By AMY HUGHES

Delegate from fourteen Nursing Societies of England

ON receiving the kind invitation to read a paper on "The Origin, Growth, and Present Status of District Nursing in England" my first feeling was that it would be difficult to avoid repeating much of what had already been said when I had the honor of speaking on the work of the Queen Victoria's Jubilee Institute for Nurses at the Nursing Conference held in Chicago in 1893. I trust you will forgive some inevitable repetition, as the work of the Queen's Institute, of which I am again the representative to-day, is closely interwoven with the history of district nursing.

In collecting statistics of the work since then, one cannot fail to be impressed by the rapid growth of this branch of nursing and the way it has spread over the kingdom.

If this increase is remarkable in eight years, it is much more so since the first effort to bring skilled nursing within reach of the poor in their own homes was made by Mrs. Fry in 1845, who established the Nursing Sisters of Devonshire Square, Bishopsgate, for that purpose. This effort was followed by the Society of St. John's House, founded in 1848 with the design "of improving the qualifications and raising the character of nurses for the sick in hospitals, among the poor in their own homes and in private families, by providing for them professional training, together with moral and religious discipline under the care of a sister superior aided by a chaplain."

District nursing was first definitely formulated in Liverpool in 1859, a trained nurse being sent to work in a small district.

Such good results were obtained that its promoter, Mr. W. Rathbone, was encouraged to extend the work, and within four years the whole of

\* Read at the Congress in Buffalo, September, 1901.



Liverpool was divided into eighteen districts, each supplied with a trained nurse. To avoid any risk of the work becoming a new system of distributing relief, the nurses were not allowed to give any sick-comforts themselves. A band of ladies undertook to be responsible for the cost of such necessities for the poor of their own neighborhood, and this system is continued at the present day in Liverpool. As the work increased, a successful change was introduced by placing the nurses in district homes under fully trained superintendents, instead of allowing each one to live in separate lodgings. The value of this change made itself immediately manifest in the improved standard of work and discipline among the nurses, as well as in increased zeal and esprit de corps. There are now four homes established in Liverpool and forty-one nurses, the Central Home, newly opened, being a model of convenience for the work.

The success of the system of district nursing in Liverpool stimulated the work in other places, and in several large towns nurses were provided for the sick poor.

It appears strange to us that at that comparatively recent date the greatest obstacle lay, not, as might have been expected, in the want of supporters for such a novel scheme, and, in consequence, want of funds, but in the extreme difficulty of obtaining the necessary nurses. It seems almost incredible that sober, trustworthy women, with nursing experience, were hardly to be found for this work. I may quote on this point from Mr. W. Rathbone's "Sketch of the History and Progress of District Nursing," to which this paper is already greatly indebted: "As a step towards the improvement of the nursing standard, the matron of the Royal Infirmary in Liverpool had been empowered to pay a salary of sixteen pounds to any nurse who deserved it. This salary was certainly not an exorbitant one, and yet no more than four nurses could be found worthy to receive it. Any ordinary nurse of that time, if paid more than the usual salary of ten pounds, would most probably have incurred dismissal for drunkenness after the first quarter-day." In thus tracing this work from its origin we realize the enormous strides made by the nursing profession since Miss Nightingale founded the Training-School for Nurses at St. Thomas's Hospital in 1860.

The first of the societies organized for the sole benefit of the poor in London was the "East London Nursing Society," founded in 1868. It attains its object by placing a trained nurse in each parish and supplying fully trained nursing superintendence; there is also an efficient plan for the supply of necessary diet and comforts for the patients. There are now three homes in East London, accommodating most of the thirty-three nurses who work there; the rest still live in lodgings. The society is affiliated to the Queen's Institute.



A new development which led to the foundation of the Metropolitan and National Nursing Association in 1874 gave a fresh impetus to district nursing. The movement was initiated by the Council of the Order of St. John of Jerusalem, and the objects of the association were as follows:

1. To train and provide a body of skilled nurses to nurse the sick poor in their own homes.
2. To establish in the metropolis and to assist in establishing in the country district organizations for this purpose.
3. To establish a training-school for district nurses in connection with one of the London hospitals.
4. To raise by all means in its power the standard of nursing and the social position of nurses.

The great departure in this scheme was the employment of nurses drawn from the ranks of educated women, due to the suggestion of the first superintendent, Miss Florence Lees, now Mrs. Dacre Craven.

In her own words: "There were several grounds for this decision, and these were chiefly that, in nursing the poor in their own homes, nurses were placed in positions of greater responsibility in carrying out doctors' orders than in hospitals; that women of education would be more capable of exercising such responsibility; that the vocation would attract women anxious for independent employment, and a corps of nurses recruited altogether among educated women would have a greater influence over the patients, and by their higher social position would tend to raise the whole body of professional nurses in the consideration of the public."

Such an innovation was not considered practical by those most interested in the movement, even Miss Nightingale saying, "I don't believe you will find it answer, but *try* it, try it for a year." The result, however, fully justified the experiment, and the high standard thus established has exercised its influence over the whole development of the work.

It was resolved to adopt the principle that the nurses should live together in homes under trained district superintendents, and a central home was established. From this centre several homes were rapidly started, and by 1887 there were nine established in London on these lines, besides several in the country.

It remained, however, for Queen Victoria, by the institution of "The Queen Victoria's Jubilee Institute for Nurses," to consolidate the work of district nursing and to raise it from the sphere of individual effort to become a great national institution. Queen Victoria realized the great benefits arising from this work, which had been quietly making



its way among the humblest of her subjects. With that keen insight into the merits of a debated question which was one of her attributes, she decided to devote the bulk of the subscription raised by the women of England as a gift to her Majesty on the occasion of the celebration of the fiftieth year of her reign, some seventy thousand pounds, to this comparatively unknown object, rather than to bestow it on some already established charity.

In 1888 her Majesty approved a scheme for connecting the Jubilee Institute with the ancient charity of St. Katharine's Hospital.

In order to obtain the interest and support of local institutions, of which there were many already existing in the large towns, conditions of affiliation with the Queen's Institute were drawn up. These were at once accepted by the Liverpool association, with others, and now there are comparatively few nursing organizations which are not in touch with the institute. A trained nurse was also appointed as general inspector of nursing.

In 1889 the institute was incorporated by royal charter, and a president and council were appointed by her late Majesty.

Mention must be made of what was done in Scotland, Wales, and Ireland, as well as in England, to estimate rightly the growth of district nursing.

In Scotland an energetic council at once started a central home in Edinburgh, and the system extended rapidly to Glasgow, Dundee, Aberdeen, and other places.

In Wales a Central Home was established in Cardiff, and the work has spread slowly but steadily over the principality. It is found necessary to employ Welsh-speaking nurses in the rural districts, as that language is still spoken far more generally than is supposed, especially among the older people. However, in spite of this difficulty, the work is spreading from one district to another.

In Ireland the initiation of district nursing was slower, and it was necessary to establish two training-homes in Dublin, one for Roman Catholic, the other for Protestant nurses. But its progress has been uninterrupted, and the Queen's Nurses are in every part of the country, even in the desolate island of Achill, where, to quote the words of the superintendent: "The people are nursed under conditions inconceivable except to those who have seen them. There is only one nurse to the eight thousand inhabitants, and Achill is twenty-five miles long and fifteen miles broad."

In 1888, almost at the same time as the Queen's Institute was taking form and beginning its great work in the towns and large centres of the United Kingdom, the Rural Nursing Association was started



very quietly in a corner of the Western Midlands, by a small association of ladies and gentlemen, to provide nurses and midwives for the sick poor, with whose homes and needs they were personally familiar. From the first the Rural Nursing Association determined against the system of sending nurses to live in their patients' homes, the committee believing the poor have neither accommodation nor means sufficient to enable them to lodge and feed, as well as partially to pay for the services of a competent nurse. A high standard of training was required, and the nurse's services were extended over as large an area as possible by means of a pony or donkey cart, and later of the ubiquitous bicycle. This association was soon affiliated to the Queen's Institute, in 1891, and in 1897 was amalgamated entirely with it.

The question of providing nurses for the scattered villages and hamlets in thinly populated areas where work is intermittent and distances great is a difficult one.

This special branch of district nursing is as yet in its very infancy, and much has to be done in the future to find a practical and satisfactory way of working the rural districts.

The system of county associations is an effort to meet the special difficulties in these districts. Trustworthy, responsible women are selected for training, especially as midwives and maternity nurses, and return to work in their own neighborhoods under the supervision of superintendents who are fully qualified Queen's Nurses. Valuable help in the training of these village nurses is given by the Plaistow "Maternity and District Nursing Association," whose work lies in the densely populated region of "London over the border."

There are now five of these county associations in England, employing over one hundred and ten village nurses, three in Scotland, and one in Wales.

The history of the growth of district nursing would be incomplete without mentioning the work done by other institutions whose methods are different to those of the Queen's Institute. Among these are the "Biblewomen Nurses," founded by Mr. Ranyard, whose work lies in several districts of London.

The Mildmay deaconesses also send nurses into the homes of the poor.

In the country the system of the Ockley Nursing Association was formed to provide women with some knowledge of nursing to live in the home where there is illness, and perform the household duties as well as attend to the patient. The promoters claim this method answers the question of cottage nursing, especially in cases where the wife and mother is laid aside, but it has opened up other difficulties, some of



them unforeseen, which show the true solution of this problem has yet to be found.

I now pass on to speak of the present status of district nursing.

It is interesting to notice how the standard of training has risen with the growth of the work. Much still remains to be done in this direction, especially in the case of village nurses, but every year finds public opinion more enlightened on this point.

The great difficulty lies in the necessity of providing inexpensive nurses in poor districts in the country, especially in agricultural parts, and also in the ignorance still lingering among those who supply the nurses that good and sufficient training is a necessity.

When a patient and room are clean and tidy, and food and medicine regularly administered, there is a tendency to think all that is necessary has been accomplished.

It requires special knowledge to discriminate, on the one hand, between the woman who is disciplined to absolute obedience in carrying out orders, who is trained in the best possible way of performing the details of nursing service, each apparently trivial, yet so important in their sum total, and the woman who, however capable and willing, yet lacks the knowledge that in unreserved obedience to orders lies her *raison d'être*, who is prone to suggest remedies of her own, and is full of prejudices and superstitions which her short experience of training has failed to eradicate.

The Queen's Institute has formulated the highest standard of training and experience hitherto attained. Its nurses must have a *minimum* of two-years' training in an approved hospital or infirmary, followed by practical experience of district work under trained supervision. In many cases special training in a maternity hospital is also required. Nurses who wish to join the institute, having already been trained, are required to fulfil these conditions.

The institute aims at securing the services of educated women, believing them to exercise a beneficial influence over the patients and their friends. Tact, courtesy, and refinement are necessary to deal successfully with the ignorance and prejudices of the poor, whether in town or country.

I would lay special stress on the necessity of some practical experience of the work under trained supervision. It is not to supplement deficiencies in previous training, but to enable the nurse to apply her nursing knowledge to the best possible advantage under such altered conditions. She is saved the necessity of buying her own experience at the expense of her patients and herself if she profits by that already gained by others. Training is found desirable for those who engage in philan-



thropic works, such as settlements, etc., and it is equally necessary in this branch of nursing.

The Queen's Institute has added yet another development to its "Counsels of Perfection" by its adequate system of inspection by trained nurses. There is no suspicion of interference with local effort, no curtailment of personal energy, but simply a regular visitation of every affiliated association from the city with its forty to fifty nurses and their superintendents in various homes, to the solitary nurse in the remoteness of the country. Each association keeps its reports, etc., on the same lines, and from each the same standard of work is required.

The inspector comes as a friend alike to the nurse and the committee, visiting the cases, seeing the books, and helping by her experience and advice to smooth over any little difficulties that may arise. It is the evenness of the work thus obtained that is making it a success by securing a uniform standard throughout the land.

Two other fundamental principles of the institute are:

1. That the nurses shall not be almoners. Their work is nursing, and nursing only, though they are encouraged to bring deserving cases to the notice of the proper local authorities, and in every way thus to secure necessary sick-comforts for their patients.

2. That the nurses shall never interfere with the religious views of their patients.

These two rules lift the work of Queen's Nurses above suspicion of almsgiving and proselytizing. At the same time the nurses are left free to bring their patients in touch with the local agencies that make for good.

Nor must the indirect benefits of the work of the Queen's Institute (and of other nursing associations based upon right principles) be overlooked. They foster the spirit of independence and help the people to help themselves.

That this spirit does obtain in many localities is proved by the fact that in a quarry district in Wales two nurses are supported, and there is a balance of over three hundred pounds in the bank, which, with the exception of about fifty pounds, is contributed annually by the workmen, and in another district the nurse is practically supported by half-crown yearly subscriptions.

Nor is this all. By interesting the well-to-do of a district in their poorer neighbors, the Queen's Nurses form a valuable link in the chain of union between capital and labor.

There are excellent systems by which sick and convalescent diets, warm garments, and convalescent aid in giving change of air, etc., are brought to those who by no fault of their own are unable to obtain these



extra necessities when sickness is among them. Among these may be mentioned the Scottish Needlework Guild, the Bedford Sick Dinners Society, the London Convalescent Dinners Aid Society, and a number of others.

Then also the nurses can bring the homes of the patients to the notice of the local sanitary authorities, thus insuring cleanliness, a proper water supply, and other simple but essential necessities for healthy surroundings. Though forbidden to proselytize, their influence is the open door by which those who seek the moral welfare of their poorer brethren may obtain an entrance when other means have proved unavailing.

The personal interest of her late Majesty in this work has invested it with universal interest. This interest showed itself in many ways. The Council of the Queen's Institute was appointed by her, the names of all nurses were submitted to her before they were placed on the roll of "Queen's Nurses," and even the details of the nurses' uniforms were chosen by her. Those present at the gathering of "Queen's Nurses" at Windsor Castle on July 2, 1896, will not easily forget the enthusiasm kindled by the gracious, kindly words addressed to them by one who ever proved herself a woman full of sympathy with those in trouble and distress. "I am very much pleased to see my nurses here to-day, and to hear of the good work they are doing. I am sure they will continue to do it." Her Majesty's special recognition of the "Queen's Nurses" in Ireland, on the occasion of her visit there, was deeply appreciated and gave a direct stimulus to the work in that country. Her last message to the council was given on February 24, 1900, and runs thus:

"Her Majesty desires me to express the sincere satisfaction with which she learns that the institute continues to prosper and is so much appreciated." This interest is continued by the present Queen. In July this year some hundreds of Queen's Nurses received their badges from the hands of Queen Alexandra, thus establishing her identity with the institute as its present head.

Queen Alexandra's first address to the Jubilee Nurses at Marlborough House, July 3, 1901, his Majesty the King being present, with her Royal Highness Princess Victoria, her Royal Highness Princess Louise (Duchess of Argyll), and Prince Albert and Princess Victoria of Cornwall and York:

"It gives me the greatest pleasure to receive you all here to-day, and it is most gratifying to me to be able to carry on the noble work founded by our dearly beloved and never-to-be-forgotten Queen, Victoria. I have always taken the most sincere interest in nurses and nursing, and it affords me heartfelt satisfaction to be associated in your labors of love and charity.



"I can, indeed, imagine no better or holier calling than that in which you are engaged of tending the poor and suffering in their own homes in the hour of their greatest need. I shall follow with interest the reports of the institute, and shall anxiously note the progress which you are making from year to year.

"I pray that God's blessing may rest upon your devoted and unselfish work, and that He will have you all in His holy keeping."

A special effort is being made by means of the "Queen's Commemoration Fund" to raise sufficient funds to endow the "Queen's Institute" in perpetuity, so that it may keep pace with the ever-growing demands on its resources.

Having thus outlined the history of district nursing from one nurse in 1859 to the great work of mercy which has spread over the whole land, I would only add that it is not systems alone, admirable as they may be, which bring success, it is the work of each individual nurse which makes the work what it is; it is not nursing alone, though that should be as perfect and well-disciplined as training and experience can insure, but moral influence, to which there is practically no limit.

The influence of a good nurse remains after her nursing services are ended. It is the opportunities given by district nursing that make it so important and so responsible. Nurses who grasp the inner meaning of their work have few limits to their powers of usefulness. They nurse the homes as well as the patients; they give valuable object-lessons in the practical details of nursing, simple sick-cookery, cleanliness, etc., thus helping their fellow-women to be less helpless and hopeless when sickness invades the home.

They can advocate self-restraint, thrift, and household economics; they can give valuable advice in the dieting and management of infants and young children, so helping to strengthen the sinews of the nation,—  
"As the child is, so the man is,"—and the simple hygiene of proper feeding taught in language "understood by the people" means the future welfare of its sons.

Thus every earnest district nurse who sows the seeds of thrift, self-help, self-restraint, self-respect in the round of daily work is a helper, however obscure her path of duty, in solving the social problems of the day.

I will conclude with the message entrusted to me on June 15 by Miss Florence Nightingale to give to the district nurses at the Congress:

"I do not think that there is any human being who may be as useful as a district nurse if she is helpful without being interfering. May God bless and keep the district nurses here in a body is the fervent prayer of Florence Nightingale."



## THE GOOD BABY

BY HELEN MACMURCHY, M.D.

Toronto

O child! O new-born denizen  
Of Life's great city. On thy head  
The glory of the morn is shed  
Like a celestial benison!  
Here at the portal thou dost stand,  
And with thy little hand  
Thou openest the mysterious gate  
Into the future undiscovered land.

—LONGFELLOW.

A babe in a house is a well-spring of pleasure.—TUPPER.

PRESIDENT G. STANLEY HALL once said in a lecture delivered in Toronto that the two best people were undoubtedly those two who had the best children. But we cannot expect to find everybody above the average. The richest people are sometimes the poorest parents. We have all seen little sufferers—sufferers by no fault of their own—who should not have been born,—whose parents did not deserve to have a son or a daughter.

However, they *are* born, and we must do our best for them, because “a good constitution,” after all, depends largely on the care, skill, and patience lavished on infancy. With all our boasted progress in pædiatrics, the loss of life under three years of age is appalling still. There die, out of one million children born, in the first year of life, one hundred and fifty thousand; in the second, fifty-three thousand; in the third, twenty-eight thousand. The annual general mortality in England is twenty per one thousand, but the mortality under one year is at the rate of one hundred and thirty-six per one thousand.

In such fearful facts as these Nature has written her first and greatest Law of Health for infancy, namely, that every baby should be nursed by its own mother if possible. A vast majority of the children who die under three years are brought up “by hand.”

There should be a good system in the nursery, faithfully adhered to. There should be a time for everything. The daily bath should always be given at a certain hour, say nine A.M. The baby should be fed at regular intervals, and laid down in its cradle to go to sleep at certain hours every day.

As a rule, no food is required for the first two days, except the small amount of colostrum provided by nature. The baby should be put to the breast some three or four hours after birth unless the mother is too



much exhausted. If the child seems hungry, a teaspoonful of water or a little sugar and water may be given. A teaspoonful of water should be given to infants regularly three times a day. Many babies seem to relish it greatly, and a baby needs water as much as anyone else.

The milk will come in abundance about the third day, and by that time the meconium should have come away and the infant be able to digest its natural food. During the first two days of life the infant should be nursed about four or five times daily, and after the third day every two hours. When it is three months old the interval may be lengthened to two and one-half hours, and when four months old the interval may be three hours. The process of digestion takes nearly two hours when the infant is two months old, and if a second meal is given before the first is digested the process of digestion will not be satisfactorily performed.

Between ten P.M. and six A.M. the baby should be fed twice until it is two months old, then once till it is about six months. After that, if the child is thriving, there is no need to wake it for this purpose. Delicate children must be awakened to nurse, and should also be allowed a longer time to nurse than robust children need. Fifteen or twenty minutes at a time is long enough for the latter, but the former may require twice that time. It must also be remembered that some children take their food more slowly than others.

To feed a baby every time it cries is a great mistake. A baby that is suffering from indigestion will often take food when it is not hungry.

The baby's mouth should always be carefully washed before and after feeding. Small squares of buttercloth, dipped in a warm two and one-half per cent. solution of boric acid may be used for this purpose.

Vomiting in infants is not always serious. It may be caused by slight over-feeding.

One of the best indications of how the baby is thriving is its weight. At birth the average weight is about seven pounds; at three months, fourteen pounds; at nine months, eighteen pounds, and at twelve months, twenty-one pounds. A healthy child will usually double its birth weight at three months and treble it at twelve months.

It is a good plan to substitute one feeding a day, instead of one nursing, at the age of about seven months. This makes a beginning for weaning, which should usually be completed about the age of twelve months. The first food may be milk thickened slightly with good bread, or thin, well-made oatmeal gruel.

When the mother for any reason cannot nurse the child we must adopt the best system of infant feeding discovered so far, namely, by



modified milk. But that is too large and important a subject to be dealt with here. It is, as Kipling says, "another story."

The baby should have its bath at a stated time every day, say at nine A.M. After being gently undressed it should be carefully supported and lowered gradually into the water, feet first, and held there a little time till it gets accustomed to the feeling of the water. The greatest care must be taken to avoid frightening it in any way. Three minutes is long enough for the baby to remain in the water, and the whole process of bathing and dressing should occupy about twenty minutes. An expert can do it in fifteen minutes, but it must never be hurried, and everything must be done with the utmost care and gentleness, so that the baby may enjoy its bath and get all the benefit of it without any harm. For the first few weeks of life the temperature of the water should be 100° F.; a little later, 98° F., and after six months, 95° F. The very best soap should be used and not too much of it, the skin should then be carefully rinsed, and the drying should be done very gently with a soft towel, hardly rubbing the delicate skin at all. If a dusting-powder is found necessary for the axilla, groin, neck, etc., baked corn-starch, powdered, may be used, or equal parts of starch and boric acid.

These precautions will prevent the skin from becoming chafed, but if chafing should unfortunately occur, a bran bath may be used with advantage. This is prepared as follows: Make a bag of cheese-cloth, fill it with one pint of wheat-bran, immerse it in the bath, and squeeze it between the hands for about five minutes. No soap, of course, is used. Chafing of the natal cleft may be prevented by keeping the parts dry and clean, applying sweet-oil or white vaseline on absorbent cotton, and using the dusting-powder. Never use rubber protective diapers. If prickly heat appears, it is probably caused by the irritation of flannel underclothing and excessive perspiration. It may be treated by placing soft muslin or linen next the skin, sponging the body freely with equal parts of vinegar and water, and using the dusting-powder freely.

It is important that the child's clothing should fit comfortably. Too loose clothing gets into folds and bunches and distresses the baby. Tight clothing interferes with respiration and even with digestion. No hard knots, tight bands, buttons, or pins should be used. If they are, the marks of them may often be found impressed on the delicate skin when the baby is undressed. Safety-pins may be used to fasten the diapers. Tapes, or a few stitches, will fasten everything else comfortably. The abdomen should be covered with a broad flannel band, fitting snugly, fastened with stitches. A knitted band may be used instead at about the age of six months if the baby is strong and healthy. All clothing should be supported from the shoulders, and the chest and limbs should be



well protected, but the limbs should not be confined. A soft woollen shirt, with high neck and long sleeves, should be worn.

The baby having been bathed and dressed, it should now be fed and then laid down in its cradle to sleep, say about ten A.M. A new-born child will sleep about nine-tenths of the time, and one six months old about two-thirds of the time. The mattress should be firm but not hard, the pillow very thin, and the covering warm and light. A hot-water bottle is often a great advantage. The room should be quiet and darkened, and the child should be left to sleep till twelve or one P.M. If it wakes sooner, it need not be taken up at once; if it is turned over and put into a comfortable position, it will often go to sleep again.

A baby should be lifted very carefully: the right hand of the nurse or mother should take hold of the clothing below the feet, and the left hand and arm should be placed below the child's head and body; it should then be lifted on the left arm. It is probable that the crying of the new-born in the early weeks of life is nature's provision for exercise and lung-expansion. This cry is loud and strong, and the child becomes red in the face from its exertions. The abnormal cry is longer, not strong, but often a moaning, whining, worrying sound. This abnormal cry means that the baby is uncomfortable, cold, hungry, or in pain, or possibly that it has fallen into the bad habit of crying to be taken up, rocked, dandled, etc. It should be made perfectly comfortable and warm, and fed if it is time. If the cause seems to be pain, it may be undressed, wrapped in a warm blanket, massaged with sweet-oil, or even given a warm bath. It is also a good plan to lay the baby face downward on a hot-water bottle and wrap it up in a warm blanket. Sometimes, especially if the pain is caused by flatulence, half a soda-mint tablet in a tablespoonful of very warm water will give relief.

Another cause of pain in the first day or two of life may be that the meconium has not come away. For this condition, one drachm castor-oil is the usual remedy. This is also an excellent remedy when a somewhat older infant has a number of small, hard movements. If, however, the stools are green or acrid, or the infant suffers from constipation, *hydrargyrum cum cretâ* is preferred, the dose being one-half grain three times a day. Other remedies for constipation are injecting into the rectum one tablespoonful of sweet-oil or one teacupful of soap and water (tepid). These should not be repeated without a doctor's order. Another simple but effectual plan is to introduce into the rectum a small cone of paper well oiled or vaselined about the diameter of a quill and about one inch long, half an inch being introduced into the rectum. The number of movements for the first week of life is usually three or four per day, and after the first month two, sometimes one.



Affectionate attention and care undoubtedly make an infant happy, even before it begins to "take notice," and much more so afterwards. But a baby is not a toy and should never be made a plaything of. It should never be waked except to feed it, and not often for that, and it should be waked gently and spoken to softly and quietly. Even in the cradle good and evil passions appear, and it is possible to foster the one and restrain the other.

At least twice a day for fifteen or twenty minutes the baby should be laid upon a wide bed covered with a blanket, in a warm room, with all its clothing removed except the stockings, flannel band, shirt, and diaper, and allowed to exercise its limbs and amuse itself.

In summer, a healthy baby may go out when it is a week old; in spring and autumn, when about four weeks old; in winter, when about three months old, if the day is pleasant and sunny, without wind. The best time is between eleven A.M. and two P.M. A young baby should not go out when the wind is sharp, or the ground covered with melting snow, or when the thermometer is below 20° F. An airing may be taken in the nursery, the windows being open, and the baby, covered up warmly, in its carriage, being wheeled up and down. When a baby takes an airing, it must be kept warm by warm wraps and a hot-water bottle; the wind must not blow in its face, nor the sun shine directly into its eyes.

The health of a baby is largely dependent upon the sanitary condition of its nursery, where it spends so much of its life. There should, if possible, be a day nursery and a night nursery. The nursery should be sunny, spacious, and well ventilated. No plumbing, no gas-burning, no cooking of food, no drying of diapers, should be allowed here. The temperature should be about 68° F. during the day and 65° F. during the night for the first three months. After three months it may be 60° F. at night, and the windows may be left open, except when it is freezing outside.

The nursery should be thoroughly aired at least twice a day, the baby being taken to another room meanwhile.

A baby's nursery should be the last place where

"The goodly light and air  
Are banned and barred—forbidden fare."

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"THE one thing which we seek with insatiable desire is to forget ourselves, to be surprised out of our propriety, to lose our sempiternal memory, and to do something without knowing how or why,—in short, to draw a new circle. Nothing great was ever achieved without enthusiasm."—EMERSON.



## LEAVES FROM THE NOTE-BOOK OF A BELLEVUE NURSE

### LECTURE I.—DISEASE

(Continued from page 252)

#### DISSEMINATION OF BACTERIA.

SOME bacteria possess the quality of ameboid movements, and by this process can get from place to place. Then, likewise, some of them possess little, arm-like processes known as flagellæ, by which they draw themselves about. Before speaking of the other way in or by which bacteria can get from place to place, I will speak of how they enter the body. They may enter by the gastro-intestinal tract, respiratory tract, genito-urinary tract, and by the skin. They cannot, however, enter the body by way of the skin as long as that is thoroughly intact, but if there is an abrasion, they enter and grow, producing disease by inoculation, as it is termed. Many diseases are contracted in this manner, as erysipelas, syphilis, tuberculosis, septicæmia, etc. It has been demonstrated by experiment that streptococci and staphylococci constantly infest the cutis, and even bury themselves deep down around the small sweat-glands, hair-follicles, and papillæ, lying there in wait for some break in the skin to enter and produce erysipelas, cellulitis, or abscess.

From this it can be seen how hard it is to make the hands thoroughly aseptic. A disease is said to be endemic when it is peculiar to a certain locality,—that is, it exists there without being brought,—as, for example, yellow-fever in Cuba and malaria in certain Southern localities.

A disease is said to be epidemic when it occurs in certain localities, sometimes spreading to others. Disease may be disseminated through the air, through water and other fluids, by means of the clothing, merchandise, letters, small animals—mice, rats, cats, and dogs.

It is not absolutely necessary that these animals should be suffering from the disease in order to be mediums by which it may be disseminated, as they may carry it in their hair or wool, and rats and mice may carry contaminated bread-crumbs, etc. It has been proven that pet cats have been the means of disseminating diphtheria from one child to another, and pet dogs have developed tuberculosis and given it to different members of the same and different families. In order that this may be impressed upon you, I will take up a few of the most important contagious and infectious diseases and point out their special ways of being disseminated. Tuberculosis (the germ of which was discovered by Koch in 1881) is caused by a small, rod-shaped bacteria, or bacillus. This is the



case not only with tuberculosis of the lungs, known as consumption, but with all other forms of tuberculosis, as scrofula, which is a tuberculosis of the lymphatic glands. These bacilli usually enter the system by being inhaled with the dust that is floating about in the air, and that contains these germs in large quantities where careless cases of consumption have previously been. The bacillus gets into the dust through the carelessness of the patient, or it may be ignorance, in expectorating on the floors, and this sputum dries and flies about when stirred by the sweeping-broom, etc. This dust is inhaled by other people, and if their vitality is depressed for any reason, they immediately develop tuberculosis, for in this depressed condition it forms a favorable soil for the growth and multiplication of the bacillus. It has been proven by post-mortem examination that a large number of people who die from other causes have at some time during their life had tubercular processes in their lungs, and have healed them up and gotten well. These old processes in the lungs leave small scars, which are composed of connective-tissue surrounding the tubercular focus and shutting it off from the general system, and thereby rendering it inactive and inert. That the air is filled with these bacilli in an infected place has been proven by Dr. Nuttal, of Johns Hopkins University, who found that one patient whom he examined threw out from a quarter of a million to two million bacilli in twenty-four hours. Miquel found that the atmosphere of large cities contained two thousand bacteria of different kinds to the square inch, and that in a much used hospital there were ninety thousand to the square yard. The tubercular bacillus is perfectly harmless if kept in a moistened state, only doing damage when allowed to dry and be pulverized and fly about in the dust. That tuberculous patients can be made entirely harmless to those living with them has been proven by Hance, who found upon examination of the dust taken from the walls and floors of sixteen buildings of Trendion's sanatorium for consumptives that the dust of only one room contained the bacillus, and this was occupied by a very careless patient. Patients here are made to use special sputa cups, of ordinary earthen-ware, that are kept partially filled with carbolic water and washed frequently, and by this means the patient is kept free from bacilli and from reinfection, and other well people escape getting sick. Some time ago I endeavored to find out what percentage of people who were suffering from tuberculosis without having a family tendency to it caught it from others. I collected two thousand and fifty-seven cases, and three hundred and thirty of that number gave a history of having an inherited tendency, the remaining seventeen hundred and twenty-seven affirming that there never was tuberculosis in their families. It can, therefore, be seen that about seventy-five per cent. developed tuberculosis who had no hereditary



weakness and who might have been saved, or at least some of them, if the previous sick had had the proper instruction. These patients were taken from among the poor and ignorant of the city, and on this account some allowance must be made as to falsifying their histories, but I believe it can be truthfully said that one to two thousand people develop tuberculosis in the city each year by becoming infected through the carelessness, or perhaps ignorance, of those who are sick with it. The next most common manner in which tuberculosis is disseminated is through milk and water that is taken into the stomach, especially of infants. Cows are very susceptible to tuberculosis, and when a milch cow develops it the bacilli may, and often do, appear in the milk. The tubercles may likewise be deposited in the flesh of the animals, and this, eaten by people who are weak, may develop in them tuberculosis. All meat should, therefore, be well cooked and all milk sterilized before it is used. Tuberculosis may also be developed by inoculation under the skin. Knowing, then, the specific cause of tuberculosis, one of our most common and fatal diseases, and the manner in which the bacillus is disseminated and the way in which it enters the body, it should be a comparatively easy task for one to be of great benefit to the human race in limiting this most terrible of diseases, and I will go further, and say that it seems to me almost criminal for one not to know these things in this time and age of progress. Take, also, typhoid fever, and we see that it is caused by the entrance into the body and multiplication of a bacillus discovered some years ago by Eberth, which is known as the bacillus of Eberth. The bacilli find a favorable soil in the mucous membrane of the small intestines, Peyer's patches, and solitary follicles. Here they begin to grow and multiply, and are absorbed into the blood of the patient.

In a patient suffering from typhoid fever these bacilli are present in all the discharges from the body, especially in the feces, urine, and vomited matter. These germs, if not destroyed, will certainly be scattered about and infect other people. Wells and often small streams are contaminated by these discharges, and the disease may become epidemic and even spread to people at a great distance from the site of the original infection. At a New Jersey farm-house a few summers ago there was a case of typhoid fever, and the discharges were thrown into a small creek running past the house, and this creek in its course, some distance away, ran near a milk dairy, and the water from it was used in washing the milk-cans; then the milk was put into these cans and brought to New York City and sold,—fortunately, to a limited district. In this district typhoid became almost epidemic, and upon investigation, the disease was found almost exclusively in people who used this milk.



Typhoid is, therefore, usually communicated by milk or water that is taken into the stomach. Then those who attend these cases may develop it by carelessly allowing the bacilli to get under their nails, and then taking them into the stomach at the dinner-table. Rarely typhoid may be developed by inhaling the germ into the lungs, and likewise by eating vegetables from an infected neighborhood. Diphtheria is gotten almost exclusively by getting the Löffler's bacillus in contact with an injured membrane (mucous) of the nose and throat usually. This disease is largely one of childhood, because the little ones spend most of their time on the floor and there get the germs. It is usually spread from house to house by means of clothing, etc. Milk, water, and food may become contaminated and spread the disease. The bacilli infect principally the discharges from the nose and throat, likewise the vomited matter, feces, and urine contain them.

Therefore diseases of an infectious or contagious nature should always be isolated, all extra hangings taken from the room, rugs used instead of carpets, and when the patient recovers all clothing, rugs, etc., should be disinfected or destroyed. All discharges should be disinfected before they are thrown out, and the sinks and closets in the house thoroughly once or twice a day. Before going into the subject of disinfection proper I should like to say a few words as to how nature combats the numerous and troublesome little germs, for, no doubt, it has occurred to you as strange that some people are never sick, while others are often sick, some of these very sick, while others with the same diseases are but slightly affected.

#### PROPHYLAXIS.

That many diseases can be prevented entirely has been proven in numerous instances; for example, yellow-fever, which in 1878 existed in epidemic form in Memphis, Tenn., and also many times before that, was completely abolished, never occurring there since, by the city being properly drained and sewered by the late George T. Waring. Likewise leprosy existed to a great extent in England, but by proper care and isolation of cases it has been blotted out there entirely. In the prevention of disease there are two forces that can be utilized, viz.:

(1) Natural force.

(2) Artificial—(a) disinfection, (b) isolation, (c) antisepsis.

The first, the natural force, consists of the natural cell resistance or vitality that exists in a person. This resistance to disease may be strong from birth or it may develop strongly as the individual grows up. It may, on the other hand, be weak from birth or develop a weakness after birth. Through the vicissitudes of ordinary life this vitality can be greatly depressed, thus placing the person at the mercy of disease, or



it may be strengthened by artificial means, thus making the person more able to resist diseases.

Take, for example, the white rat, which ordinarily is immune to the anthrax bacillus, a very contagious disease to certain animals, and make it turn a revolving wheel in a cage until it is nearly exhausted; it will then be quickly and easily affected by anthrax. This shows that the exhaustion depresses its natural resistance and cell vitality, making it susceptible to the disease artificially. Bacteria, like all living growing things, require certain favorable conditions to be present before they can grow and multiply, and, like in all other living things, there is a change that takes place in them as a result of this growth and multiplication. This change may be compared to the change that takes place in the human body as a result of metabolism. In the process of metabolism we have a waste substance formed which, if not thrown off and out of the body, acts as a poison to the system and produces disease, as Bright's disease.

Now the substance that is formed by the growth of the bacterium is known as toxin, and when absorbed into the blood it causes the symptoms of disease. This has been proven to be just what occurs in diphtheria when the Löffler's bacillus lodges in the throat and then begins to grow, forming a false membrane, which extends into the tissues containing the germs, which continue to grow, and as a result of this growth toxins are formed and absorbed by the blood and lymphatics.

The bacillus itself only acts locally, not getting into the blood, the absorption of the toxin causing all of the symptoms.

(To be continued)

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## FADS: THEIR VALUE TO NURSES

BY MARTHA M. RUSSELL

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PERHAPS the trivial and whimsical nature of fads may prejudice the serious-minded among us against encouraging them, but a fairly well-regulated fad is such a delightful means of recreation and amusement, that to be without one deprives a person of valuable resources.

A fad, shorn of its more irrational attributes, is capable of becoming a pleasant avocation, filling hours of leisure with delight, beguiling hours of weariness, and preventing restlessness. Therefore let us have fads.

Whether a nurse is spending twenty-odd hours a day with the good old lady who thinks she would like her shawl around her, and straight-way finds that too warm and calls for her nightingale, then soon begins to shiver and call for the shawl again, or is watching a patient whose



life depends on her being alert and watchful, or is occupied with the various demands of hospital work, she has great need of recreating interests that shall not be too dependent on her associates. Of course, the companionship of good books is a never-failing source of help, but when one is tired it is so easy to curl down on the sofa to read and doze that there is danger of the languor-habit becoming mental as well as physical, that one will read little that compels thought. Then when one is with a patient there is often no book at hand that fits the mood of the hour.

It really makes less difference what the fad is than that each one should be of sufficient concern to its individual owner to keep her interest apart from any vogue it may or may not have with her friends, sort of a personal idol which holds her complaisant allegiance.

To some of us the passion for collecting something is a compelling force. Stamps, old china, coins, or odd or artistic articles of some sort fill our hearts with longing, and their possession nearly chokes us with breathless glee. Watch the absorbed gaze of the china devotee who discovers a cracked, greasy "millennium plate" among the stock of the second-hand furniture dealer! Is not the spell of weariness that was upon her thoroughly broken? Silly, childish, do you say? Perhaps, but, since we are but children of a larger growth, why should we not cling tenaciously to the best part of our childishness, the delight in small pleasures and the abandonment of ourselves completely to the joy of the moment?

It is possible to make collecting a very expensive luxury, but the pleasure of gathering together odd possessions is not lessened if they are won by patience and ingenuity instead of cash.

As the majority of nurses live in cities, a very pleasant and convenient fad is the observation of architecture. The history of the city is continually before her in stone and mortar, and a very little study of technical terms will prove a key that will open a world of interest. The incessant activity of the builders and the increasing effort to have the results of their work of artistic as well as commercial value gives a continual supply of new material. In the Eastern cities a walk of a few blocks will often show the purest old colonial types, through whose doorways passed the dames and squires of Revolutionary times; the dry-goods-box type, useful but nothing more; the astonishing towers called after Queen Anne; the elaborate copy of some foreign building and the most modern of all, uniting much that is good in all the others and standing as a gracious proof that the right of a city to be beautiful is receiving recognition in our American life. In the Western cities our civilization finds expression in a great variety of new forms, many of them of the highest type.



A genuinely beautiful building is restful, for it is an expression of power in repose, and to learn to enjoy the strong, free lines of the building one passes daily is to have a source of never-failing refreshment.

T. Roger Smith's "Architecture, Gothic and Renaissance," gives in language quite reasonably free from technicalities many important points concerning these two styles that dominate so much of the building art of to-day. Mrs. Schuyler Van Rensselaer has written many delightful and appreciative essays on the artistic aspect of present day architecture.

The public libraries contain many illustrated books, veritable *éditions de luxe*, whose beautiful plates show every style of architecture from the tent's to the sky-scraper's.

When one's fortune takes her to the country, the whole world of nature offers enticements to her who sees. Henry van Dyke, John Burroughs, and a host of others have placed the results of their keen and cultivated powers of observation at our disposal that we may learn to love the out-of-doors because of its full expression of life and beauty. Ernest Seton Thompson will give us the bracing breath of the wind across the foot-hills, and Mrs. Thompson will take us into the heart of the mountains. These writers have wonderfully given their books the spirit of the sky and earth.

If we have time to study our letters and to learn to spell out sentences from the book of nature rather than to try to content ourselves with glimpses of the illustrations, Mrs. Dana's books about the flowers and ferns, Neltze Blanchan's "Nature's Garden," and many similar books concerning flowers, butterflies, and birds add marvellously to our pleasure in a country holiday.

The photographs taken with one's own camera are a source of amusement and pleasure that is attractive to many. Here one may spend as much time and money as she may have at her disposal. The camera clubs furnish stimulus to their members, and the society of congenial faddists who do not care to talk about one's daily task is a pleasure of first rank.

Do you notice that all these fads mentioned take one out-of-doors more or less? Is not that one of our needs? Are not many of us inclined to stay in the house till we think the world has four walls and a roof?

To make lace or to embroider may be a recreation and a desirable one, but there is danger that they may be useful, so are not ideal fads, and they occupy the hands with slight demand on the mind, so the train of weary thought goes lumbering along the usual track when, to avoid disaster, it should be shunted off entirely.

The out-of-door games that are so deservedly popular at the present day should attract many, and the reason so little is said here concerning



them is that they require so much time that they are interdicted for many of us.

To obtain success in our profession, as in all others, requires strict attention to our work through days of depression and of weariness and through days of strength and courage, but the power of application is limited, and unless by due mental and physical relaxation we keep ourselves in good condition, our unstrung nerves will refuse to do our bidding, become our rulers instead of our obedient servants, and we shall fail to do the work which our schools and the community have a right to expect of us.

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## THE STRUCTURAL ELEMENTS OF AN ALUMNÆ ASSOCIATION

By CLARA D. NOYES

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To THE minds of many unacquainted with the procedure, the organization of an alumnae association seems a stupendous undertaking. Yet the structural elements are really of the simplest character. "How shall we start?" "How proceed?" are the questions constantly asked by nurses who have been awakened to the necessity of organization, perhaps through the pages of *THE AMERICAN JOURNAL OF NURSING*.

The first element: A ruling spirit or spirits; someone to suggest, to push the matter along when once started, inspire confidence, and arouse interest and enthusiasm.

The second element: A willingness on the part of sister nurses to unite and be led on to a successful issue.

We sometimes hear the remark: "Our school is small; our graduates few. We are scattered. Our efforts will not be successful."

Even though the school be small, there should be an alumnae association. The graduates from a small school, lacking the opportunities afforded by a larger hospital, need an alumnae for the sake of the course of study or lectures it will probably arrange; the use of the registry; the various forms of work it may inaugurate, such as visiting or district nursing. A code of ethics will probably be adopted whereby a nurse is inspired to higher ideals.

The privilege of joining the Associated Alumnae of the United States if her school meet the requirements or an associate membership may be granted, giving her the opportunity of attending its meetings and listening to papers and discussions by the best women in the nursing world. These are some of the advantages to be obtained by organization.



The social side should also be encouraged and the fraternal element well nourished. Therefore, given the desire to organize on the part of one or more graduate nurses, investigate the attitude of sister nurses towards the subject whenever the opportunity presents. You will probably find the nurse "to whom the subject does not especially appeal." The "Doubting Thomas" will also be encountered, and the nurse who cannot see "what advantage it will be to her."

Do not become discouraged. They can all be made finally to feel that it is of the greatest advantage to join by tactful management. An afternoon tea works wonders in these "special cases." Allow nothing to daunt you. Make your meetings interesting and enthusiastic, and your efforts will eventually be crowned with success.

Ask some one (preferably the superintendent of your Training-School, although she may not be a graduate from the school) to call a meeting of all nurses accessible at some central place of meeting. She above all should give you the greatest assistance and encouragement.

Naturally, she should preside at the first meeting, welcoming the nurses, explaining the reasons for the meeting, the necessity for organization, union, and strength, and the advantages to be derived individually and as a whole.

Individuals should be called upon to express their views, and every measure used to encourage the backward and diffident ones to speak. Make each one feel that she is indispensable to the success of the organization.

Call upon the meeting to make nominations for a committee to investigate the associations connected with other schools. A day must be fixed for the next meeting, when the committee must be prepared to report; or, better still, let the "ruling spirit" alluded to above have ready at the first meeting constitutions and by-laws, annual reports, codes of ethics, etc., from some of the best conducted alumnae associations. From these a new constitution might be elaborated to suit your own particular needs.

Permanent officers and committees must be elected and the date and hour for meeting definitely fixed. It will be found wise to encourage monthly meetings at first to keep up the interest, and much stress must be laid upon the importance of attending regularly and influencing new members to join. The secretary should send notices to each member several days preceding the day of meeting: do not trust to the nurses remembering the date.

It will take several meetings and considerable thought and study to organize properly. If you are so fortunate as to elect for your president a woman who is business-like, prompt, and able to keep the meeting



in order, at the same time to encourage the shy members to an open expression, just so much more success will attend your efforts. For the correct methods of conducting your meetings some knowledge of parliamentary law is indispensable, and this can be gained through studying manuals on the subject.

The writer claims little knowledge in such matters. To be able to hold property, you will need to be incorporated and procure a charter. In such case your constitution and by-laws will need to be very carefully constructed, and for a small consideration, possibly (as most business men will do much for nurses), you will be able to secure a lawyer who will take the whole matter in hand and carry it through for you.

Within the last four years the writer has been given the opportunity to suggest the formation of two *alumnæ* associations. The above general rules were the ones used. In the first association organized, the Training-School claims the honor of being the oldest in America. Many able women are among its graduates. These have scattered to all parts of the world. Some have left a lasting impression upon civilization and progression, and have carried the work of organization elsewhere, but many have settled near the hospital. In response to a call in the winter of 1898 seven or eight of these nurses assembled, and from that small beginning much has developed. The number of members reaches nearly one hundred. A charter has been procured. A well-conducted registry with thirty-five nurses on the list is another feature. The society has also been admitted as an associate member of the Associated *Alumnæ*, and many schemes are under discussion for advancement. I mention this to show what may be done under like circumstances. In the second illustration, believing that what had been accomplished in one case could be in another, I decided hastily when the opportunity presented itself, about six months after the assumption of the responsibilities of the present hospital and Training-School. The hospital had been discussing the organization of a registry for some time, and after deciding the question the nurses were asked to assemble at the hospital and discuss the rules and regulations governing the same. Fourteen graduate nurses responded. Here was a golden opportunity. The rules were read and discussed, and all the nurses were in favor of the registry. They were asked to listen to another matter, and the subject was introduced and thoroughly discussed. The result was instant action, and at the present moment, three months later, they number twenty members, are well organized, and are in a thriving condition. The registry will eventually be turned over to the association for management, and a committee has been appointed to arrange some special course of study and entertainment.



These very brief and incomplete suggestions are given with the hope that some sister nurse struggling with the problem that has confronted so many of us may have her way made easier by hearing of the experiences of another.

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## MILK AS FOOD

EXTRACTS FROM FARMERS' BULLETIN 74

COMPILED BY IDA R. PALMER

Newport Hospital Graduate

A QUART of milk contains about the same amount of nutriment as three-quarters of a pound of beef, namely, about four ounces.

Milk contains all of the ingredients needed for nourishment; that is, it furnishes the materials which build up the body and keep it in repair, and also those which supply it with fuel to keep it warm and to furnish the animal machine with the power needed to do its work.

When milk is used for food the casein and allied compounds serve the body for building and repair, and are also used for fuel. The fat and sugar are the chief fuel ingredients. The mineral compounds aid in forming tissue, and have other uses as well, but they are needed only in small quantities.

The value of milk for nourishment is not as well understood as it should be. Many people think of it as a beverage, rather than a food.

The chief bulk of milk is made up of water, varying from ninety per cent. in a very poor product to eighty-four per cent. in an unusually rich milk.

The principal nitrogenous compound of milk is casein. Casein contains both phosphorus and sulphur. Besides the casein there is a certain amount of albumin present, called lact-albumin, or albumin of milk. This is more or less similar to the albumin which occurs in blood and in white of egg.

There are other nitrogenous substances occurring in milk, but in insignificant quantities.

The fat of milk is the source of butter and enters largely into the composition of cheese.

Milk sugar is similar in chemical composition to cane sugar, but is not nearly as sweet.

Human milk is richer in sugar and poorer in protein than cow's milk, but the fuel value is about the same.



## CHARACTERISTICS AND PROPERTIES OF MILK.

The color and opaqueness of milk are due mainly to globules of fat, which are very minute and almost numberless. These are held in suspension in the liquid in the form of an emulsion; but since they are lighter than water, after the milk has stood for some time they gradually rise to the surface and thus accumulating form the cream.

When milk has stood for some time the milk sugar undergoes decomposition, whereby lactic acid is formed and the milk becomes sour. Accompanying this souring of milk there is a change in its consistency, and it becomes thick, or curdled. The same change can be brought about by the addition of an acid—vinegar, for example. If milk thus curdled be neutralized with some alkali, such a lime water or soda, the curd is redissolved.

A scum forms on the surface of milk when it is boiled. This is probably due to the coagulation by heat of the protein of the milk, chiefly its albumin.

## VARIATIONS IN MILK.

The variation in composition of pure milk is due in a large degree to the breed or individuality of the cow, to the methods of feeding and handling, and the length of time since calving.

In general young cows produce richer milk than old ones, though much depends upon the health and vigor of the animal. . . . Another cause of variation in milk is found in the temptation of unprincipled milkmen to adulterate their product. The chief methods of adulteration are (1) the addition of water, (2) the removal of a portion of the fat, and (3) the addition of preservatives. The two former methods result in a greater or less diminution of the food value, depending upon the extent of adulteration. The latter method does not detract from the total nutrients in the milk, but it adds substances which, while not active poisons, may, when taken in the milk regularly in small amounts, produce deleterious results.

## THE PROCESS OF DIGESTION OF MILK.

When milk is taken into the stomach, it is speedily curdled by the action of the pepsin and acid of the gastric juice. When milk is eaten alone or in large quantities, the casein gathers in large lumps, which may be difficult of digestion by some. This is particularly the case with infants and with adults whose digestion is weak, and is one of the reasons why milk should be used with other foods and not taken in large quantities alone.

Human milk differs from cow's milk in the way in which it curdles



when taken into the stomach. The casein of the former is not precipitated in such large lumps, but is more flocculent, and is thus more easily digested and does not cause irritation.

#### EFFECTS OF COOKING.

The more common experience seems to indicate that cooking or heating the milk makes the proteids somewhat more difficult for most persons to digest, but there are persons who cannot take fresh milk with comfort, with whom boiled milk agrees very well.

#### SKIM-MILK.

Even after average milk is skimmed it still contains nearly ten per cent. of solids or nutritive ingredients. . . . The value of skim-milk as food is not generally appreciated. Taken by itself, one has to drink a large quantity to get the needed nourishment, and, further, it is so readily disposed of that it does not satisfy the sense of hunger. But when taken with bread or used in cooking, it forms a very nutritious addition to the food. . . .

Two quarts of skim-milk have a greater nutritive value than a quart of oysters.

#### BUTTERMILK.

Buttermilk used as a beverage furnishes more nutriment than almost any other beverage except whole milk and skim-milk, unless it be cocoa or chocolate.

An ordinary glass of buttermilk would contain as much nourishment as half a pint of oysters, or two ounces of bread, or a good-sized potato.





## BOOK REVIEWS



### BOOKS TO READ ALOUD

WHEN the days of convalescence begin, and the patient, ceasing to be a "case," becomes once more a human being and demands something to read, it is often difficult to suggest the right thing.

The most charming and frivolous binding in these days often contains problems so depressing, or adventures so exciting, that even a normal man or woman becomes too absorbed and interested to sleep.

The writer will not soon forget the consternation felt on finding that a book of short stories, just pleasantly pensive, had reduced the invalid friend to whom it was given to tears and sleeplessness!

Of a quite cheerful sort is a small book, "Subject to Vanity," by Margaret Benson, published by Dodd, Mead & Co. These short stories of bird and animal pets are not only delightful in themselves, but they recall a host of charming suggestions and memories of one's own pets. Children and "grown-ups" both will love the birds, dogs, guinea-pigs, and other pets whose little vanities, comedies, and tragedies fill the pages.

"The Cardinal's Snuff-Box," by Henry Harland, is preëminently a book to be read from title-page to finis, and surely no convalescent could fail to find keen enjoyment in coming back to the world of real men and women by way of such delightful people as those between the red covers of the book.

It is difficult to put into words its charm; though the perfectly-chosen vocabulary is not the least part. The Italian landscape, the people, the sun-lit mountains and storm-swept garden, all are put in with a perfect "touch," as a painter would say, and with such mastery as a pianist must have over the individual notes with which he sweeps the keys into a perfect harmony.

As for the story itself, it is enough to say that its wit, its gayety, and the tenderness of its romance make it absolutely a joy, and we realize that the world is not thoroughly given over to "problems" and depression, since such books are still written.

A new book, reprinted in part from published articles, is Howells's "Heroines of Fiction." In this he reviews with a broad and sympathetic touch so many of the characters we've all read, loved, and half-forgotten—Hester Prynne, Maggie Tulliver, Lily Dale, to name only a few—that many of us will not only read the book for its own sake, but will be grateful to the writer for recalling to us in these strenuous days the heroines we loved even before we knew enough of life to appreciate them.

L. D. D.

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FOUR EPOCHS OF A WOMAN'S LIFE: A STUDY IN HYGIENE. By Anna M. Galbraith, M.D. With an introductory note by John H. Musser, M.D. W. B. Saunders & Co.

Dr. Galbraith's book may be welcomed as an encouraging assurance (if such be needed) of the beneficent use to society of the woman physician. Even were it admitted that every branch of medical science is sufficiently filled by medical



men, yet, as intimate and unreserved teachers, counsellors, educators of the great public of women and young people in matters of deepest privacy and requiring the utmost delicacy and seriousness, there is a vast field which never has and never will be cultivated until women physicians undertake the task. For as women they can face life-problems as but few men are willing to face them, and as physicians they can speak with an authority not possessed by others.

Dr. Galbraith's book is prepared in this spirit and for the instruction of this untaught public. She says in her introduction, "The masses of women have at last awakened to a sense of the awful penalties which they have paid for their ignorance of all those laws of nature which govern their physical being, and to feel keenly the necessity for instruction at least in the fundamental principles which underlie the various epochs of their lives."

She then proceeds to treat of the various stages of physical and sexual development, not alone from the stand-point of anatomy and physiology, but from the highest point of education, ethics, and public duty as well.

A most refreshing tone of good sense is noticed throughout her pages. The beneficial results of mental and intellectual occupation upon the bodily health of girls are plainly shown. The real reasons for emotional hyperæsthesia in child and woman are clearly explained.

The time-honored theories which exaggerated the physical disabilities of woman are bid depart, "as the beginning of the twentieth century may see the emancipation of the woman from the thralldom" of her uterine organs, as with enlightened hygiene these assume their true proportion in relation to mind and muscle. The ethics of marriage are most simply yet fearlessly stated. The highest duty of the mother is not simply to reproduce the species, but to control reproduction, and to insure the mental and physical vigor of the children she brings into the world. The decadence of life and questions of practical hygiene are all dealt with. The one criticism we would make is, that the chapters on the menopause are too technically expressed to be understood by the average woman of the laity, and as this admirable book is intended for lay instruction, a simplification of the language here and in the following chapter would make it even more helpful.

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#### BOOKS RECEIVED

WE acknowledge with thanks several volumes received from medical publishers: "A Pocket Cyclopedia of Medicine and Surgery," compiled by George M. Gould, M.D., and Walter L. Pyle, M.D., and published by P. Blakiston's Son & Co., a very concise and valuable pocket reference-book; two volumes of the "Practical Lessons in Nursing Series," published by J. B. Lippincott Company; "The Nursing and Care of the Nervous and Insane," by Charles K. Mills, M.D., and "Maternity; Infancy; Childhood," by John M. Keating, M.D. These excellent text-books are already widely known and are usually found in the training-school library. They are most useful and practical. Miss Stoney's "Practical Points in Nursing for Private Practice," and her "Materia Medica for Nurses," published by W. B. Saunders & Co., complete the list. Miss Stoney's books are also widely and favorably known among nurses, who fully appreciate them and recognize her industry and interest in their behalf, too soon terminated by an untimely death.



# NOTES FROM THE MEDICAL PRESS

IN CHARGE OF  
ELIZABETH ROBINSON SCOVIL



STERILIZATION OF CATHETERS.—An article in the *Medical News* on the sterilization of catheters says the authors found (1) soft-rubber catheters could not be completely sterilized by boiling in less than four and a half minutes; (2) mechanical cleansing [*e.g.*, by means of cotton wound around an applicator] rendered sterilization easier and effectual in a shorter time; (3) boiling soft-rubber catheters for five minutes or over roughened them and diminished their elasticity and strength; (4) immersing for five minutes in bichloride solution did not sterilize an infected catheter; (5) chemical sterilization should not be used for a catheter that is to be retained in the bladder for any length of time; (6) formalin vapor will sterilize infected instruments in twenty-four hours; (7) all methods of sterilization commonly employed should be continued for much longer periods than the minimum time required for destruction of germs in a laboratory; (8) English web catheters can be more readily sterilized by heat than can soft-rubber ones, probably on account of their interior construction.

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VACCINATION.—Dr. Frederick A. Packard in the *Philadelphia Medical Journal* advises the use of glycerinized vaccine kept in hermetically sealed tubes and of a special scarificator. The ideal result of the scarification is a little pinkish or rosy moisture. Any form of shield that absolutely prevents the radiation of heat from the surrounding skin is to be objected to. As soon as the vaccination has taken, the shield should be removed and the arm dressed with boric-acid ointment. The rational treatment in cases where the arm is really sore is to cover the area with an antiseptic poultice, gauze soaked in bichloride solution, one to three thousand.

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TREATMENT OF ACUTE INSANITY IN PRIVATE PRACTICE.—Dr. C. Eugene Riggs says in the *Journal of the American Medical Association*, "I am convinced that home care in properly selected cases will shorten the length of an attack by a period varying from a few weeks to several months." He considers nutrition of great importance and milk and eggs the best nourishment. Full feeding in puerperal cases will quiet patients when hypnotics and sedatives have proved useless. He thinks that massage materially assists digestion. Iron is advised, and whiskey and strychnine are used to control excitement. Restraint must be used at times. Care should be taken during convalescence when there is a suicidal tendency to prevent a fatal result. Under certain conditions and in selected cases travel is an important factor in recovery.

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INFANT FEEDING.—Dr. Louis Fischer in the *Medical News* objects to sterilized or strained milk as infants' food because of the chemical changes produced by the process. Such milk lacks the element of freshness. Oppenheimer has proved



by experiment that the albumin in milk is decomposed, as shown by the liberation of sulphuretted hydrogen after milk is heated for five minutes or longer in a strainer. The ideal milk is a raw milk, he says, that has been secured from a reliable dairy in which modern sanitary laws are so applied that the hygienic condition of the cow's stable is perfect.

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**LEFT-HANDEDNESS.**—The Philadelphia *Medical Journal* says that Lüddickens claims left-handedness is not a habit but is always due to physiological causes, and often an expression of the influence of heredity. Normally the blood-pressure is greater on the left side of the brain than on the right side. When this pressure is stronger on the right side left-handedness is the result. He thinks all attempts to overcome it should be stopped, as a high degree of efficiency upon that side may be acquired.

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**MILDNESS OF SMALL-POX EPIDEMIC.**—Dr. S. L. Jepson, in notes on small-pox in the *Journal of the American Medical Association*, observes the mildness of the small-pox that has prevailed so generally during the last two years. The primary fever is mild, sometimes passing unobserved, the secondary fever is often absent, and in many cases the eruption is very sparse, drying up without passing through the usual stages. But one death, that of an infant, occurred in seventy-six cases in his practice.

Many of his patients were colored people who had not been vaccinated, and yet they had the disease very lightly; so that it cannot always be attributed to previous vaccination.

He says: "No one has yet satisfactorily accounted for the mildness of our recent cases of variola. Has any explanation been presented of the recent mildness of typhoid fever, scarlatina, and diphtheria? I am quite sure none of these diseases occurs in this locality with the same virulence as in former years."

The mortality, he adds, has been nowhere greater than two per cent. from small-pox, which is much less than that of whooping-cough.

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**A COAPTATION SPLINT.**—S. A. Knopf in the New York *Medical Journal* describes a simple splint of his own contrivance. It consists of a strip of ordinary unbleached muslin long enough to encircle the limb, doubled and sewed into pockets into which strips of light wood are inserted. It can be applied to almost any fracture of the extremity. It can be made by the yard, rolled up, and kept for use. If it is too wide, it can be cut off in a moment; if too long, the wood is removed and the muslin lapped or cut off.

To apply it lay it flat, cover it with cotton, and roll it around the limb, securing it in place with a strap and buckle an inch and a half from each end. No bandage is necessary. As the swelling increases or diminishes the strap can be tightened or loosened.

For a compound fracture remove the wood over the wound, cut a corresponding opening in the muslin, and paste down the edges around the wound with collodion.

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**ABSORPTION OF ALBUMIN THROUGH THE LARGE INTESTINE.**—One of the foreign medical journals reports an experiment to determine whether albuminous substances can be absorbed through the mucous membrane of the large intestine. An enema was administered daily containing thymus gland that had been first



boiled and then cut fine, with the addition of salt and a little laudanum. The patient also received food by the mouth. The method of demonstrating that there had been actual absorption was to estimate the uric acid and phosphates in the urine, since it was shown that these increased in the period during which thymus was given. The experiments decided that there had been an absorption of the albuminous matter, which had caused an increase of uric acid, phosphates, and nitrogen in the urine during the time in which the enemata were given. He believes that this demonstrates that it is possible to administer an important part of the nourishment by means of the bowel.

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**SUTURING WOUNDS OF THE HEART.**—The *Medical News* contains a report of twenty-six cases of wounds of the heart that had been sutured: there were nine recoveries and seventeen deaths. The mortality is necessarily very high, not from the operation but from the injury. It is stated that the time has arrived when a wound of the heart should be operated on with as little hesitation as a wound of the brain, with the expectation under corresponding conditions of getting equally good results.

The importance of asepsis is strongly emphasized on account of the great danger of pericarditis and empyema. If there has been hemorrhage, a quantity of salt solution about equal in amount to the blood lost should be injected into a vein while the surgeon is operating on the heart, if it has not been done before.

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**SULPHUR IN DYSENTERY.**—A correspondent in the *Lancet* highly recommends sulphur in the treatment of dysentery. He thinks that sulphur is an ideal intestinal antiseptic because of its solidity and ease of absorption, and that it can control and cure dysentery.

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**WOMEN AS MASSEUSES.**—Upward of seventy London physicians have expressed their approval of a society recently formed by women which holds periodical examinations in the theory and practice of massage and issues certificates.

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**QUACK ADVERTISEMENTS.**—The *Boston Medical and Surgical Journal* has a paper reviewing the evils of quack advertisements and summarizes them as follows: 1. The great life-saving discoveries have been made by quiet and unobtrusive men. 2. Quacks and charlatans have never made any great discoveries in sanitary science, but have always opposed scientific progress and investigation. 3. Antivaccinationists, antivivisectionists, Christian Scientists, and all that class, by opposing preventive sanitary measures and scientific investigation, facilitate the spread of infectious diseases, oppose the stamping out of diseases already established, and impede investigation as to the cause, prevention, and cure of disease. 4. The newspapers, which derive a large part of their revenue from advertising, nearly always espouse the cause of the so-called commercial interests, regardless of the fact whether they are supported by truth and justice, or are opposed to the best interests of the public. This is well illustrated by the recent occurrence of bubonic plague in San Francisco. 5. The boastful pretensions and misrepresentations of quack advertisements (patent medicines) lower the public regard for truth and fair dealing and encourage falsehood and duplicity. 6. The bold and shameless introduction of advertisements calling attention to and suggesting vile, immoral, and even criminal acts debases and demoralizes the young and leads to disease, crime, and degeneration.



# HOSPITAL AND TRAINING-SCHOOL ITEMS



## TRAINING-SCHOOL NOTES

MISS ELEANOR UNDERHILL, superintendent of the Virginia Hospital, Richmond, Va., has resigned, also her assistant, Miss Schumacher. Miss Underhill's resignation makes fourteen changes in two years in this hospital.

MISS GERTRUDE WILLIAMS, a graduate from the Cleveland Homœopathic Hospital, and a member of the Nurses' Club at 528 Prospect Street, has recently accepted the position as resident nurse at the Woman's College, Baltimore, Md.

THE Protestant Hospital of St. Louis held appropriate exercises on January 7, when a class of four nurses was graduated. They were Mrs. Alberta Taylor Ellison, Misses Annie Francis Evans, Florence Francis May, and Emily Edith Toor.

SIX young colored women, three of them from Southern States, received diplomas on December 6 from the Training-School for Nurses connected with the Colored Home and Hospital on the Southern Boulevard in the Borough of Bronx. The exercises were held at the New York Academy of Medicine and the address to the graduates was delivered by Dr. T. Gaillard Thomas.

MISS JENNIE S. COTTLE, superintendent of nurses at Pueblo, Col., announces that through the letter published in these pages four graduated nurses have been appointed to positions in the hospital of the Colorado Fuel and Iron Company. They are Miss Margaret MacCully, Miss May Bennett, Miss V. M. Kinsley, Miss Antonia Epeneter, three being from Philadelphia schools and one from the State University of Iowa.

MISS KATHARINE JOHSTON, who has been superintendent of Christ Hospital, Jersey City, N. J., for the past five and a half years, resigned December 1. On her departure she was presented with a very handsome loving-cup by the medical board. The presentation, which was accompanied with the kind words and good wishes of the board, was made by the president and the visiting physician and surgeon of the month. The pupils of the Training-School, of which she was also superintendent, gave her a pretty gold pin.

Miss Johnston has accepted the superintendency of the Saratoga Hospital, Saratoga Springs, N. Y., and will organize a training-school for nurses. Miss Johnston is a graduate of the New York Hospital.

On the evening of November 7 the graduating exercises of the Kings County Hospital Training-School for Nurses, Borough of Brooklyn, were held in the chapel of that institution.

The platform was beautifully decorated with the "Stars and Stripes," palms, a mammoth bunch of American Beauties, presented to the graduating class by the visiting staff of the hospital, testifying to their appreciation of the good work done by the nurses, also twenty-seven white chrysanthemums, this being the number of graduates, presented by the Alumnae Association of the school.

Dr. J. T. Duryea, medical superintendent of the hospital, Hon. A. H. Goetting,



Commissioner of Public Charities for the Boroughs of Kings and Queens, Dr. A. C. Bristow, Rev. Cornelius L. Twing, Rev. F. F. Woods, and Miss O'Neill, superintendent of nurses, were seated upon the platform.

Pupil nurses acted as ushers. At eight-thirty the nurses, seventy in number, marched up the centre aisle of the chapel and were assigned seats directly in front of the platform. Many pleasant comments were made on the fine appearance they presented.

With a few brief words Dr. J. T. Duryea introduced Rev. C. Twing, chaplain, who opened the exercises with prayer, following which Mr. Goetting expressed his gratitude at the great work accomplished in the Kings County Hospital.

Dr. Bristow, one of the visiting surgeons connected with the hospital, delivered a very interesting address. He divided work into three kinds,—selfish work, which is of no use to the community at all; useful labor, which, aside from its good effects on the individual, is also of benefit to the community, and a third variety, which he designated as ministration. In the third class he placed the self-sacrificing, poorly recompensed work of the clergy, physicians, and trained nurses. He said that it seemed almost as if the greatest and best work in the world was designed to be given without recompense. He was followed by Miss Georgia V. Beale, who read a very interesting class history. She spoke of the feelings of a probationer and the experience of a nurse during her two-years' training.

Father Woods followed with a few weighty words of advice to the graduates, and expressed the sincere hope that they would meet with every success in life.

Miss Louise A. Charles, class valedictorian, reflected great credit upon her class by her ably written and excellently delivered valedictory. Mrs. Welsh, one of the senior nurses, sang a soprano solo, after which the graduating class was called to the platform, and its members were presented with their diplomas, pin, and a silver pencil, the latter being a gift from the State Aid Society, of which Mrs. L. Bergen is president.

The nurses received many beautiful flowers from their friends, which were distributed by the ushers.

After the exercises a delightful reception was held in the Nurses' Home, which was beautifully decorated with the Harvard crimson, the school color, palms, red and white geraniums, and cut flowers. Substantial refreshments were served in the dining-room. This was the first time the home, which is comparatively new, has been open to the public.

The graduated were as follows: Mary B. Doolan, Mary A. Leggatt, Minnie C. Muschette, Christine Cummings, Mary B. Parker, Otie B. Foster, Mary Scherter, Elizabeth C. Mahen, Catherine Healey, Louise Brown, Katharine Spender, Frances B. Kilbourne, Alice M. Meyers, Louise A. Charles, Margaret A. Supple, Minnie Beyers, Katharine Kniep, Beatrice Page, Marion I. Hoag, Jean G. Nichol, Susan E. De Mass, Georgia V. Beall, Bessie Caulfield, Sadie Hutchinson, Anna L. Barry, Anna C. Katterhorn, Ella Smalley.

The new home for nurses is said to be the finest public home for nurses in Greater New York. It has accommodation for eighty nurses, and large reception-rooms and parlors.





# THE GUILD OF ST. BARNABAS

IN CHARGE OF

S. M. DURAND

Public Library, Boston



KALENDAR

*Chaplain General,*

THE RT. REV. C. WHITEHEAD, S.T.D., Ellsworth Avenue, Pittsburg, Pa.

*General Secretary,*

MRS. WILLIAM READ HOWE, Orange, N. J.

*Treasurer,*

MISS F. A. JACK, 6 McLean Street, Boston, Mass.

1. BOSTON, MASS. (October, 1886).—Chaplain, Rev. C. H. Brent, St. Stephen's Parish House, 2 Decatur Street; secretary, Miss A. P. Eaton, Vernon Street, Brookline; treasurer, Miss F. A. Jack, 6 McLean Street; secretary of S. R. A., Miss A. O. Tippet, 6 McLean Street. Last Wednesday in the month, at eight P.M. Membership, one hundred and ninety-five.
2. BROOKLYN, N. Y. (October, 1886).—Chaplain, Rev. H. T. Scudder, 916 Union Street; secretary, Miss K. B. Edgar, 12 Cambridge Place. Grace Church, Grace Court and Hicks Street, third Monday in the month, at three P.M. Social meeting after service. Membership, fifty-one.
3. NEW YORK, N. Y. (October, 1886).—Chaplain, Rev. D. Parker Morgan, Church of the Heavenly Rest; secretary, Mrs. William G. Gardner, 312 West One-hundred-and-Twelfth Street. Guild Room, Church of the Heavenly Rest, No. 3 East Forty-fifth Street. First Monday in the month, at three-thirty P.M. Membership, two hundred.
4. PHILADELPHIA, PA. (October, 1886).—Chaplain, Rev. G. W. Hodge, 334 South Thirteenth Street; secretary, Mrs. M. W. Brinckerhoff, 1710 Pine Street. Church of the Ascension, Broad and South Streets, third Thursday in the month, at eight P.M. Membership, fifty-nine.
5. PITTSBURG, PA. (1890).—Chaplain, Rev. T. J. Danner, Butler and Main Streets; secretary, Miss Anna McCandless, 212 Allegheny Avenue, corner North, Allegheny. Membership, fifty-three.
6. ST. LOUIS, MO. (June, 1890).—Chaplain, Rev. Allen K. Smith, 1210 Locust Street. Cathedral Chapel, second Monday in the month, at eight-fifteen P.M. Membership, thirty-one.
7. UTICA, N. Y. (October, 1891).—Chaplain, Rev. E. H. Coley; secretary, Mrs. Joseph R. Swan, 6 Cottage Place, Utica. Third Tuesday in the month, at eight P.M. Membership, thirty-seven.
8. HARTFORD, CONN. (March, 1892).—Chaplain, Rev. Samuel Hart, D.D., Middletown, Conn.; secretary, Miss Edith Beach, care Beach & Co.; treasurer, Mrs. A. H. Washburn, 22 Prospect Street. Membership, one hundred and thirteen.



9. ORANGE, N. J. (May, 1892).—Chaplain, Rev. Alex. Mann, Prospect Terrace; secretary, Mrs. William R. Howe, Orange Post-Office; assistant secretary, Miss Mary M. Clark, 92 Washington Street; treasurer, Mrs. Louis V. Sutherland, 114 Glenwood Avenue, East Orange. Membership, two hundred and twenty-two.
10. SAN FRANCISCO, CAL. (November, 1892).—Chaplain, Rev. D. O. Kelley, 2214 Jones Street; secretary, Mrs. William H. Cone, 2124 A, Broderick Street. Second Monday in the month, at four P.M. Membership, thirty-five.
11. WASHINGTON, D. C. (July, 1893).—Chaplain, Rev. Charles E. Buck, Soldiers' Home; associate chaplains, Rev. Alfred Harding, 920 Twenty-third Street, N. W.; Rev. Enoch M. Thompson, 1921 I Street, N. W.; secretary, Miss Mary Armstrong Mason, 2014 G Street, N. W.; associate secretary, Miss Mary B. Poe, 2016 G Street, N. W.; treasurer, Miss Kate Wiggin, 67 K Street, N. W. The Guild House, 2016 G Street, first Wednesday in the month, at seven-thirty P.M. Membership, one hundred and twenty-eight.
12. NEW HAVEN, CONN. (June, 1894).—Chaplain, Rev. E. S. Lines; secretary, Mrs. Thomas Bostwick, 360 Prospect Street. Third Tuesday in the month, at eight P.M. Membership, fifty-four.
13. DULUTH, MINN. (May, 1895).—Chaplain, Rev. A. W. Ryan, St. Paul's Rectory; secretary, Mrs. F. W. Paine, 1009 London Road. Membership, fourteen.
14. MINNEAPOLIS, MINN. (October, 1895).—Chaplain, Rev. T. W. MacLean, 613 South Ninth Street. Membership, forty-eight.
15. ELMIRA, N. Y. (August, 1897).—Chaplain, Rev. W. H. Van Allen, 358 North Main Street; secretary, Miss Elizabeth Monks, 104 College Avenue. Membership, thirteen.
16. FALL RIVER, MASS. (January, 1898).—Chaplain, Rev. G. W. Smith, 150 Rock Street; secretary, Miss M. N. Tripp, 303 High Street; treasurer, Mrs. D. W. Van Der Burgh. Third Friday in the month, at eight P.M. Membership, forty-two.
17. NEWARK, N. J. (October, 1898).—Chaplain, Rev. Elliot White, 258 South Eighth Street; secretary, Mrs. Edward Munn, 48 Chestnut Street, East Orange. Chapel of St. Barnabas Hospital, first Wednesday in the month, three-thirty P.M. Membership, twenty-one.
18. CHICAGO, ILL. (GRACE CHURCH) (April, 1899).—Chaplain, Rev. Ernest Stires, 2207 Calumet Avenue; secretary and treasurer, Miss Annette Reeme, Hotel Metropole; corresponding secretary, Miss May C. Draper, 2400 Indiana Avenue. Grace Church, Wabash Avenue and Fifteenth Street, first Monday in the month, at eight P.M. Membership, one hundred and twenty-two.
19. CHICAGO, ILL. (TRINITY CHURCH) (October, 1899).—Chaplain, —; secretary, Miss Anna Wells Lee, 4241 Grand Boulevard; treasurer, Mrs. John Rouse, 3249 Prairie Avenue. First Monday in the month, at eight P.M. Membership, one hundred and sixty.
20. PROVIDENCE, R. I. (1899).—Chaplain, Rev. Herbert C. Dana, Church of the Ascension, Auburn; secretary, Mrs. George A. Buffum, 190 Hope Street; treasurer, Miss Mary L. Austin, 85 Congdon Street. First Thursday in the month. Membership, fifty.
21. SANDUSKY, O. (October, 1899).—Chaplain, Rev. E. V. Shayler, Calvary Church; secretary, Miss Dora M. Peterson, 112 Reese Street; treasurer,



- Miss I. R. Pratt, 205 Market Street. Calvary Parish House, second Wednesday in the month, at seven-thirty P.M. Membership, seven.
22. NORFOLK, VA. (February, 1900).—Chaplain, Rev. Beverly Tucker; secretary, Mrs. Helen Martin Brown, 242 York Street; treasurer, Miss Sharp, 101 York Street. Membership, thirty-four.
23. SYRACUSE, N. Y. (March, 1900).—Chaplain, Rev. Herbert G. Coddington, 1006 Harrison Street; secretary and treasurer, Miss Mary Babcock, 109 Waverly Avenue. Grace Church Chapel, third Thursday in the month, at three P.M. Membership, forty-one.
24. NEWPORT, R. I. (May, 1901).—Chaplain, Rev. Henry Morgan Stone, 20 Catherine Street; secretary and treasurer, Miss Elizabeth B. Smith, 317 Spring Street. Second Thursday in the month, at three-thirty and eight P.M., alternately. Membership, fifty-seven.
25. ASHEVILLE, N. C. (April, 1901).—Chaplain, Rev. R. R. Swope, D.D., All Souls' Church; secretary, Miss Fanny E. Buxton, 157 Church Street. Membership, fifteen.
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#### BROOKLYN BRANCH

ON the evening of November 14 the Brooklyn Branch of the Guild of St. Barnabas gave a supper in the Parish House of Grace Church. The attendance, though not as large as was expected, was composed of those who were interested in the guild. A very enjoyable evening was spent. What with bright lights and prettily decorated tables, the room presented quite a brilliant appearance. The small tables were dressed with chrysanthemums, the gift of a friend from Staten Island.

The dainty supper, provided by interested friends as a donation, consisted of home-made dishes, which is a high recommendation in these days.

The object of the entertainment was for the increase of the Sick Fund. This fund has proved a great benefit to the sick nurses, whose expenses must necessarily go on when obliged to give up.

We wish to extend our thanks to all those who have aided us in this matter. We are truly grateful, and hope that in the future they will again extend to us their generous aid. We also extend our thanks to the Rev. Frederick Burgess, our bishop-elect, for his courtesy in giving us the use of the Parish House.

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#### PROVIDENCE BRANCH

THE regular monthly meeting of the guild was held in the Parish House at St. Stephen's Church on Thursday, January 2, at three o'clock.

After the usual business had been transacted one of the associates, Mrs. William Ames, gave a most interesting account of the work of the sisters of the Holy Nativity among the Oneida Indians.

The chaplain addressed the guild, setting forth in a few practical words the duties, responsibilities, and privileges of the nurses and associates as members of the Guild of St. Barnabas.

Tea, provided by one of the associates, was served after the meeting.



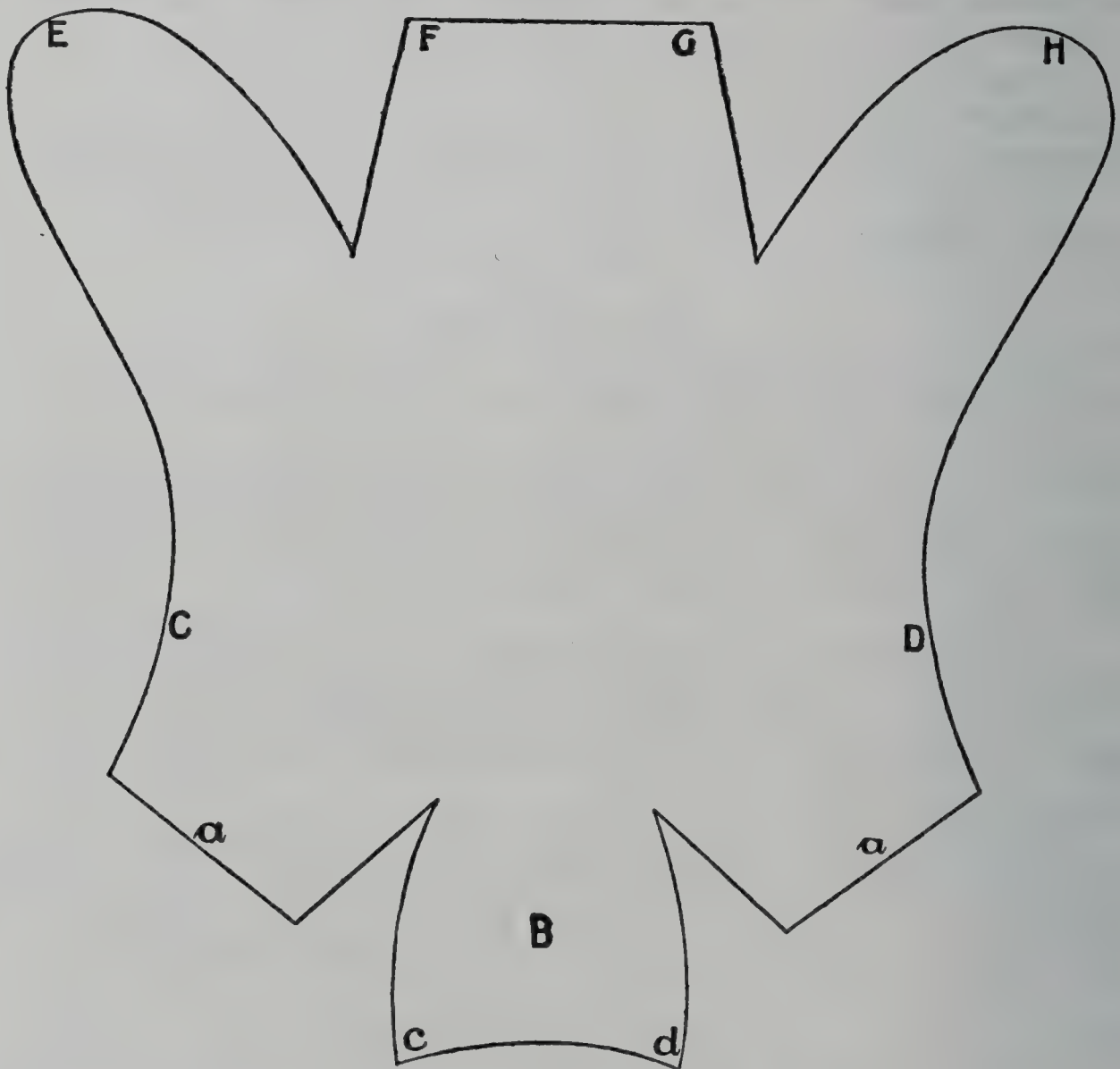


# PRACTICAL HINTS



## A SLIPPER BED-PAN COVER

IN nursing the average bed patient a nurse knows but too well that one of the greatest difficulties she has to meet is the comfortable adjustment of the bed-pan. Sometimes, where the bowels move frequently, or where it is necessary to



give enemas oft repeated, the constant shoving in and drawing out, together with the pressure against the hard surface of the bed-pan, results in a troublesome bed-sore. An ingenious device, in the form of a bed-pan cover, which greatly obviates this difficulty was shown us recently by Miss Snively, of Toronto General Hospital.

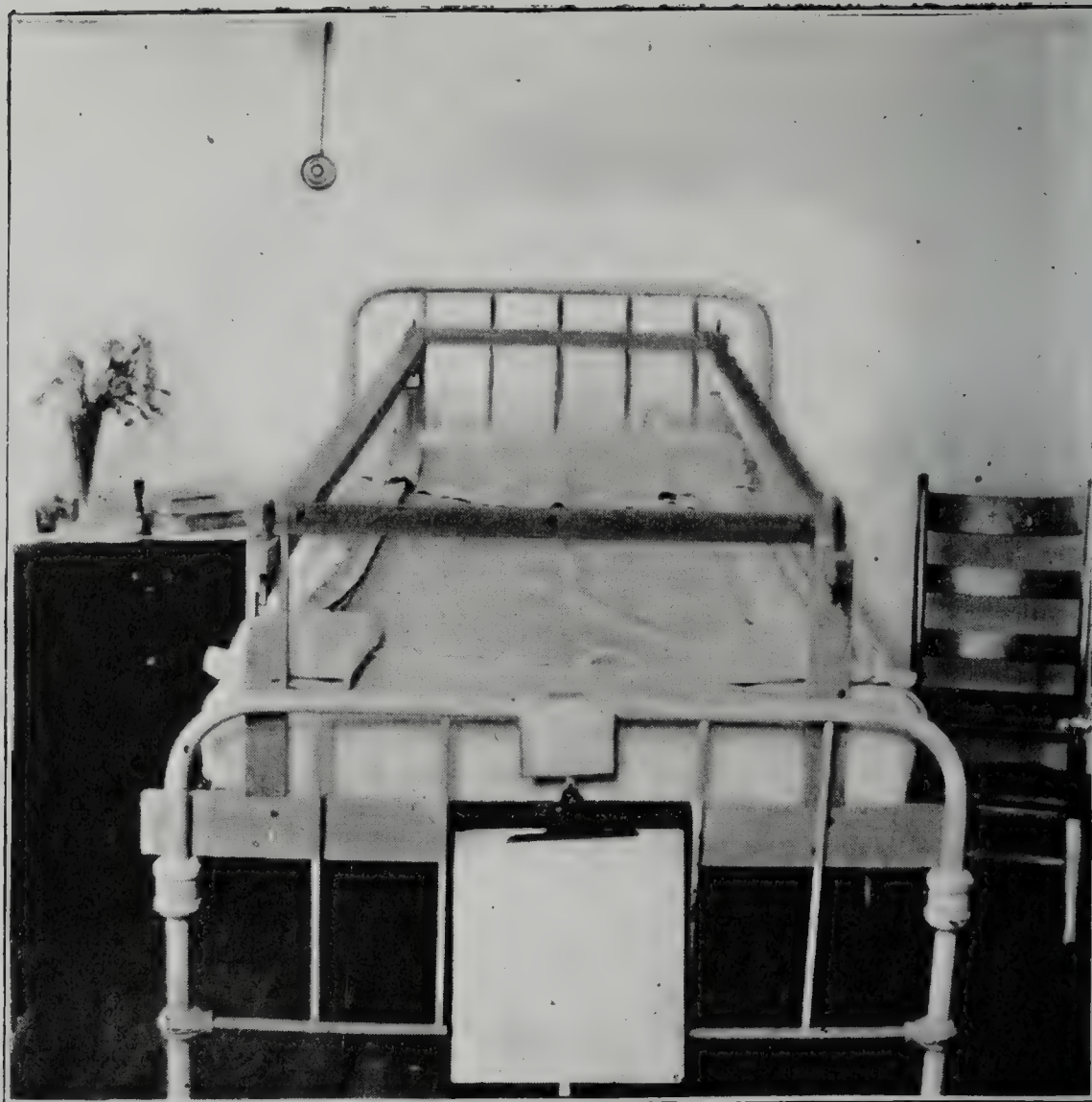
To make the cover one requires only a piece of double-coated rubber sheeting two feet long by one and a half feet wide, a soft pad of batting, and some tape. Cut out the pad in the shape shown herewith, making it as large as your sheeting will allow.

Now lap over and sew together the edges, marked "a." Bring up the remaining portion till the points "c" and "d" fall on the points "C" and "D." Turn in the edges and fasten well and smoothly by understitching. Sew strings of tape at the points "E," "F," "G," "H." It will now be readily seen that the









THE BED ARRANGED AS A BATH-TUB



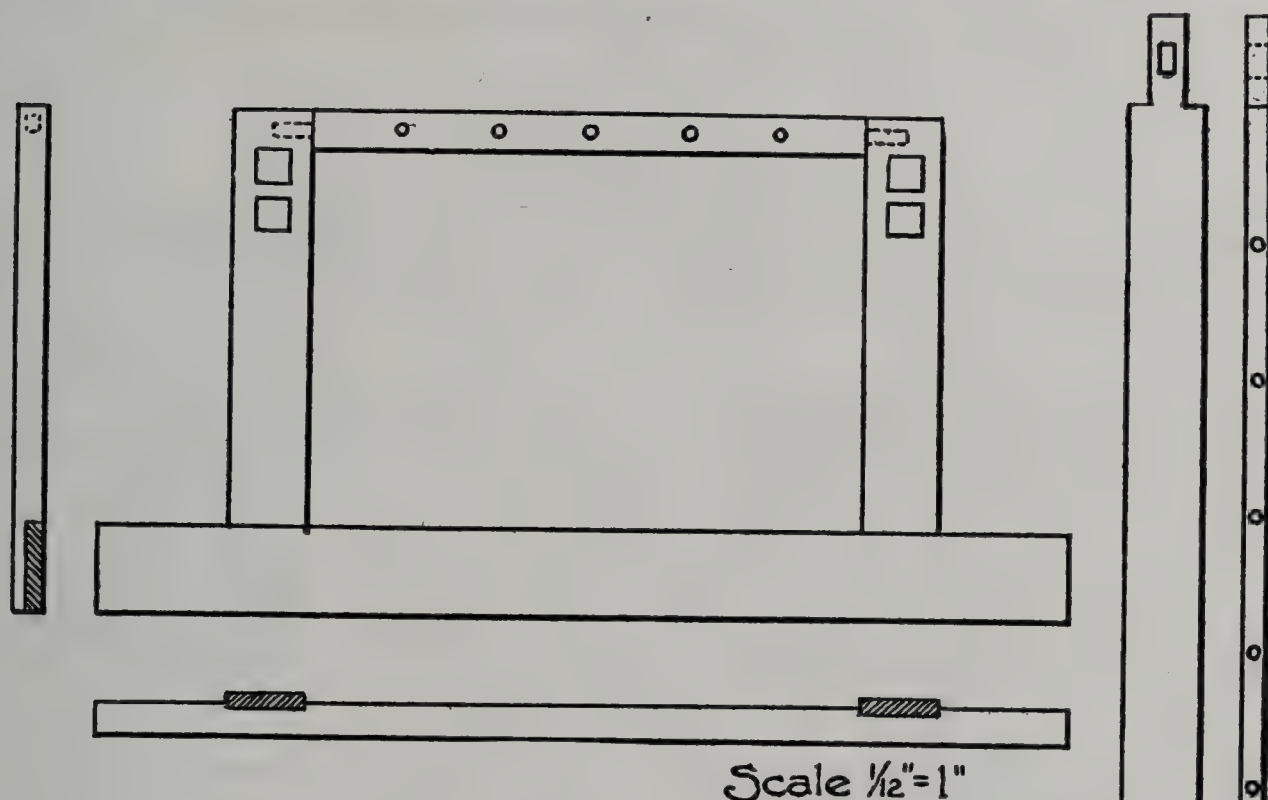
TAKING THE BATH



portion "B" forms a small pocket, into which the pad may be drawn. Adjust the cover on the bed-pan and tie it firmly by the pieces of tape.

EVANGELINE THORPE,

Pupil Nurse, Toronto General Hospital Training-School for Nurses.



#### A NEW DEVICE

THE accompanying photographs and diagram show an improved method of giving a typhoid patient a bath without lifting him from the bed by the use of a large rubber sheet and a simple wooden frame, which is adjusted to its place on the bed, and, with the rubber sheet in place, forms, practically, a shallow tub, in which the patient lies completely immersed in water. In preparing for the bath, the rubber sheet is first placed under the patient. The frame is then jointed together, and the edges of the sheet drawn up over it. A set of tapes on the sheet fasten over corresponding hooks on the frame, and the improvised tub is then filled with water of the desired temperature. At the termination of the bath the water is drained off in buckets at the foot of the bed by lowering the end of the rubber sheet.

This device is sent to the JOURNAL from St. Luke's Hospital, New York City, having been chiefly devised by one of the pupil nurses, Miss Eaton, with some help from others. The photographs were taken by one of the resident staff, to whom our thanks are due.

WHEN nursing a very sick patient it is well to remember that if the head be turned to one side he can swallow more easily.

IF a patient who is very weak tries to vomit, turn him on one side and let his head hang so that it is lower than the abdomen.

EIGHT per cent. of the tumors of the brain show disease in the eyeball.



[We have been asked to give a diet-list for a patient during the first week after a normal confinement. M. L. K. sends the following.—Ed.]

DIET FOR ONE OR TWO DAYS AFTER CONFINEMENT.

Milk, hot or cold—with saltine crackers; beef-broth or chicken-broth; thin bread and butter with four ounces beef-juice; milk toast; buttered toast and cocoa; egg shake; any breakfast cereal.

AFTER TWO DAYS.

*Breakfasts.*

Lamb chop,	Scrambled egg,
Toast,	Graham bread,
Coffee or Milk.	Coffee.

Orange,	Cream of wheat,
Rolled oats with cream,	Broiled white fish,
Soft-boiled egg,	Bread and butter,
Toast,	Tea or Coffee.
Coffee.	

*Dinners.*

Beefsteak,	Roast lamb,
Baked potato,	Mashed potato,
Lettuce or Olives.	Macaroni,
	Wine jelly.

Clear soup,	Roast beef,
Broiled or baked chicken,	Celery,
Sweet potato,	Potato,
Baked cup custard.	Rice pudding.

*Suppers.*

Baked apples with cream,	Creamed chicken on toast,
Bread and butter,	Milk or Cocoa.
Cocoa.	

Oyster stew,	Crackers.	Dropped egg on toast.
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*More Supper Dishes.*

Curds-and-whey; escaloped oysters; cooked fruits (apples, peaches, pears); chicken sandwiches; chopped fig sandwiches (soak the figs); boiled custard; sponge cake; orange jelly; orange marmalade. Fruit and fresh vegetables (such as peas, asparagus, string beans) may be given in their season if given in moderation.

Nursing mothers should avoid whatever has disagreed previously, and pork, veal, cabbage, turnips, beans, corn, cucumbers, and melons.

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IN examining an eye the degree of hardness of the ball is one of the points necessary to be considered. To do so the two index-fingers are pressed gently over the ball. In certain serious conditions of the eye the ball becomes very soft, and if recognized immediately serious injury may be averted.

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THE use of pen and ink is much less trying to the eyes, both in childhood and adult life, than the pencil with slate or paper.

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ONE of the first signs of perforation in typhoid fever is apt to be hiccough.



# OFFICIAL REPORTS OF SOCIETIES

IN CHARGE OF  
MARY E. THORNTON



## THE AMERICAN FEDERATION OF NURSES

THE committee of five representing the federation of our two societies, viz.: the Associated Alumnae and the Society of Superintendents, have asked Miss Nutting, of the Johns Hopkins Hospital, to accept the presidency of the federation and she has consented.

In February, 1902, beginning on the 19th, the triennial meeting of the National Council of Women will be held in Washington—the first one since our admission. We will be represented at this triennial by our president and Miss Linda Richards, who will be privileged to vote on motions, but any nurse who is a member of the federation may attend the sessions.

We have the right to present two resolutions, and have been called on to make suggestions for the programme. The federation has been asked to appoint a representative nurse upon a committee whose duty it shall be to bring the National Council of America into closer relations with international movements. This nurse's duties will be: to be watchful of any changes in the public mind towards the department of work which she represents (the entire work of nursing); to note any practical manifestation of such changes, either in the establishment of an institution or the organization of a new society, the modification of an existing law (or, in our case, the establishment of law), or in public expression by speech or writing; also to keep herself informed of the progress of thought in foreign countries upon the subject. A month before the Annual Executive she will send a memorandum containing the result of her observation and studies to Mrs. May Wright Sewall.

This important and interesting work has been taken up by Miss Sophia Palmer.

We have also been asked to appoint a nurse who would assist in promoting a general demonstration in favor of arbitration and universal peace, to be held next May in all the civilized nations simultaneously. Mrs. Sewall is also the chairman of this movement.

The pin of the National Council of Women may be worn by any affiliated nurse, and may be ordered from Kate Waller Barrett, M.D., the corresponding secretary of the council, at 213 Third Street, N. W., Washington, D. C. The pin comes in two grades, one of rolled gold for seventy-five cents and one of solid gold for one dollar and twenty-five cents, and is of beautiful design.

As we are now beginning to take an active place in the council, and shall thus be in relation with women all over the world who stand for progress and a general uplifting, it is ardently to be hoped that all of our members who have time will interest themselves individually in this affiliation, inform themselves as to what women are doing, and educate themselves to hold intelligent opinions on the constantly arising questions which will be brought before us.

L. L. DOCK,  
Secretary.



## AMERICAN SOCIETY OF SUPERINTENDENTS

FROM the complete report on the special course in hospital economics read by Mrs. Robb at the Buffalo meeting further items are presented as follows:

"An unexpected privilege was given the class last winter by the president and secretary of the Board of Trustees of the Polyclinic Hospital in Philadelphia, who offered to pay the expenses of the class to Philadelphia to visit institutions in that city. This most generous offer was accepted, and the class spent a profitable day in studying methods there. . . .

"It was resolved that hereafter candidates shall be required to complete the prescribed term of four-months' private duty before taking the college course."

A gift of two hundred dollars was received from Mrs. Whitelaw Reid through Miss Maxwell. A member of the Superintendents' Society gave one hundred dollars, and a number have given ten dollars each. The *alumnæ* of the Illinois Training-School gave one hundred dollars. The gifts from the Johns Hopkins *Alumnæ* have been mentioned,—in all, from the society and individual members, two hundred dollars.

The report says: "Students should understand that the course is in no sense intended as a post-graduate course in practical nursing, and that it does not supply anything in the way of teaching in the practical branches, but that it is an advanced course for such trained nurses as are already experts in all branches of practical nursing and who can give proof of this adequate training, of maturity of mind, of capacity for advanced work, and of earnestness of purpose. . . . In the Teacher's College are to be found the means for giving instruction and drill in the best methods of presenting and teaching a subject, also the means for teaching the principles of domestic science, sanitation, ventilation, and kindred subjects with which a hospital administrator should be conversant, but that in regard to hospital administration there is but one way to teach it properly, and that is by service in hospital under proper supervision and instruction. . . ."

L. L. DOCK,  
Secretary.

## NEW JERSEY STATE MEETING

A MEETING for State organization of nurses was held at Newark, N. J., December 4. One hundred and seventy-five nurses responded to the call of the committee.

The meeting was called to order by Miss Bertha J. Gardner, chairman of the committee, who retained the chair during the meeting. Miss Isabel Macdonald was elected secretary and treasurer pro tem.

Miss Dock, of New York, addressed the meeting, advocating in her address membership by representation from all organized bodies of nurses; allowing the individual nurses in remote districts to join as such until there should be a sufficient number to form a local association, when they would then be represented by delegate.

Miss Nye, of Buffalo, president of the New York State Association of Nurses, favored organization on an individual basis. Both sides of the question which is puzzling New York State having been presented, an interesting discussion followed. The question was not settled, and the work of organization was taken up.

Mrs. Peterson, superintendent of nurses at the Bayonne Hospital, N. J., made the motion that "We do organize a State Nurses' Association to-day, and that



those present be made charter members by the payment of one dollar at the signing of the constitution." The motion was seconded and carried.

It was moved and seconded that a committee of seven be appointed by the chair to draw up a constitution. The following committee was appointed:

Miss Anderson, Orange Memorial Hospital; Miss Forbes, St. Barnabas Hospital; Miss Horn, City Hospital, Newark; Mrs. O'Neil, Paterson General Hospital; Miss Bourke, Cooper Hospital; Miss Stout, Mercer Hospital; Miss Connington, Elizabeth General Hospital.

The chairman of the committee read the following report, which was accepted and approved:

"This association shall be known as the New Jersey State Nurses' Association. The objects of this association shall be legislation and the registration of nurses, the advancement of all interests that appertain to the betterment of the nursing profession, also a professional reciprocity between the nurses of New Jersey and of other States and countries."

A Nominating Committee was appointed by the chair. Two nominations were made for each office and the following officers were elected by ballot: President, Miss Fallon, Cooper Hospital, Camden; first vice-president, Miss Cameron, Elizabeth General Hospital; second vice-president, Miss Brückner, German Hospital, Newark; secretary, Miss Fahringer, Cooper Hospital, Camden; treasurer, Miss Galatian, St. Barnabas, Newark.

A Committee on Incorporation was appointed by the chair. After receiving an invitation to hold the next meeting in Camden, the association adjourned.

Ninety-eight members were enrolled, representing fifteen different hospitals.

E. FAHRINGER,  
Secretary.

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REPORT OF THE CLASS IN HOSPITAL ECONOMICS, TEACHER'S COLLEGE,  
COLUMBIA UNIVERSITY, NEW YORK CITY, FOR THE MONTH OF  
OCTOBER, 1901

"OCTOBER 4 and 5, 1901, the following-named students registered: Miss Ada Beazley, from the Polyclinic Hospital, Philadelphia, Pa.; Miss Flora Theodora Bohn, from St. Mark's Hospital, Grand Rapids, Mich.; Miss Susan Joanna Fisher, from the New Haven Hospital, New Haven, Conn.; Miss Harriet Forbes, from Massachusetts Homœopathic Hospital, Boston, Mass.; Miss Florence Margaret Frazer, from the Cincinnati Hospital, Cincinnati, O.; Miss Elizabeth Conele Glen, from Illinois Training-School, Chicago, Ill.; Miss Harriet Merrit Johnson, from Massachusetts Homœopathic Hospital, Boston, Mass.; Miss Kathryn Vogelsang, from Brooklyn Homœopathic Hospital, Brooklyn, N. Y.

"The studies registered followed closely the course outlined in the circular, the main point of difference being that of a course in applied anatomy by Dr. Wood, elected instead of D. S. 4 of the outline. This new course is being adapted to the needs of the class. A large and valuable stock of material in the way of skeleton manikins, text-books, etc., is accessible to the students. The idea aimed at in this work is to so familiarize the student with the full equipment for training-school instruction by means of study-discussion and demonstration that she will be prepared to fully utilize such equipment as she may find in any school to which she may go, may be able to supplement such equipment, and also to apply this knowledge practically in the better care of the individual patient.



October 7 the college work began after the form of the regular schedule. The students entered upon their course with great interest and earnestness of purpose.

"Three excursions have been made. Places visited were St. Luke's Hospital, Walker Gordon Milk Laboratory, and The Charity Organization Society. At the laboratory the modified milk process was thoroughly explained and demonstrated.

"Mr. Devine gave the class a very interesting talk on the work of the Charity Organization Society.

"The chairman of the committee, Miss Banfield, met the class and carefully reviewed the course of study.

"Gifts of money during the month were from Diana C. Kimber, one hundred dollars, and through Miss Allerton, one hundred dollars. Small sums specified for the endowment fund from unknown contributors amounted to fourteen dollars.

"The close of the month gives no new developments. Work is very satisfactory and the students are thoroughly enjoying it.

"Respectfully submitted,

"ANNA L. ALLINE."

The course in hospital economics at Teacher's College, Columbia University, carried on under the supervision of a committee of the American Society of Superintendents of Training-Schools, promises to prove of increasing benefit to the students as time and experience enable us to utilize to greater advantage the opportunities for improving and broadening our minds which meet us at every corner.

The students (eight) whose names are given in Miss Alline's report are not only contented, but enthusiastic in their work. The curriculum this year has been extended and improved.

Judging from the inquiries which reach us from time to time, it is perhaps not inexpedient to reiterate that this is in no sense a post-graduate *hospital* course, the classes, with the exception of Hospital Economics 1 and 2, being all regular collegiate courses. This year, at the suggestion of Dean Russell, a new course has been added,—that of applied anatomy, given by Dr. Wood, at which the members of the hospital class are so far the only students. This enables Dr. Wood to adapt his instruction more especially to their needs, and also enables this class to be used by the students for practice in teaching.

The domestic science department is unusually thorough and complete, and any nurse who wishes to devote herself to the duties of teacher and dietician in a hospital finds here unusually good opportunities for fitting herself for this important position. As part of these studies are elective, however, it is advisable she should make up her mind on entering in which particular branch she most wishes to improve herself.

The student whose tastes lean more towards sociologic problems, and who wishes to study the organization and scope of various charitable organizations which she may find of use to her as superintendent of a hospital, may also obtain unexampled facilities here, and time set aside for "field work," as it is called. It would appear to be a very good sign that the students this year are availing themselves of so many of the opportunities which are kindly offered them by friends of this pioneer movement to learn how others live and how best to help them—not always an easy task. Hospital workers often live under such immediate pressure of work that they are not able to fully acquaint themselves with the work of the various charitable organizations, which would often be of use to



their patients. Through the thoughtfulness of Miss Wald a course of lectures on sanitary inspection of tenements and buildings, given by Mr. Wingate, a well-known sanitary engineer, is open to our students. They also attended some of the meetings of the State Charities Convention held in New York City in November, and are taking an active interest in the work of the Charity Organization Society.

It is to be remembered that in affording facilities to women who are capable of holding responsible positions in hospitals, in broadening their minds, teaching them to teach others, to avail themselves of the work of others, the good work does not end with the women themselves, but the sick and the well, the poor and the rich, in ever-widening circles, will be benefited by the wider knowledge and experience gained. Money is needed, however. The expenses of the past year were met in part by contributions from many individual superintendents of training-schools. The lecturers on hospital economics also aid by giving their services free, only receiving their travelling expenses; their time is often given at great personal inconvenience. For this coming year we need seven hundred and fifty dollars. Of this a little over four hundred dollars has so far been subscribed. With the exception of a hundred dollars received through Miss Allerton and a hundred dollars most kindly sent us by Miss Diana Kimber from England, this has all been subscribed by nurses' *alumnæ* associations or by individual nurses and superintendents. A student of last year's course has also most generously given one hundred dollars towards the endowment fund. This shows that nurses themselves appreciate the necessity of this course and are willing to do their utmost to help. The Board of Examiners (who are all members of the Society of American Superintendents of Training-Schools) are anxious that all available money shall be placed to the credit of the endowment fund, but current expenses must first be paid. A separate account has been opened for this endowment fund in one of the oldest and best established savings-banks of the city, and one hundred and fourteen dollars stands to our credit. We need fifty thousand dollars.

The members of the Board of Examiners for College Course, Columbia University, for 1901-02 are Mrs. Robb, Nottingham, O.; Miss Davis, Boston Insane Hospital, Dorchester, Mass.; Miss Richards, Taunton Hospital for Insane, Taunton, Mass.; Miss Maxwell, Presbyterian Hospital, New York City; Miss McIsaac, Illinois Training-School, Chicago, Ill.; Miss Nevins, Garfield Memorial Hospital, Washington, D. C.; Miss Sutcliffe, New York Hospital, West Sixteenth Street, New York City; Miss Allerton, Rochester Homœopathic Hospital, Rochester, N. Y.; Miss Nutting, Johns Hopkins Hospital, Baltimore, Md.; Miss Banfield (chairman), Polyclinic Hospital, Philadelphia.

Checks should be made payable to Maud Banfield, chairman, Polyclinic Hospital, Philadelphia, or to Anna L. Alline, treasurer, 402 West One-hundred-and-Twenty-fourth Street, New York City.

MAUD BANFIELD,  
Chairman.

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ASSOCIATED ALUMNÆ STUDY COURSE, NEW YORK

THE *Alumnæ* Associations of Bellevue, New York, Post-Graduate, Roosevelt, Presbyterian, and St. Luke's are following a very attractive and interesting programme on Wednesdays during January, February, and March; Mrs. Runkle, on "Current Topics;" Mr. Robert Ely, on "Sociology," and Mrs. von Wagner, of Yonkers, on "Sanitary Inspection," will be heard during the course. Interesting



features of the programme will be a visit to the Vaccine Laboratory of the Health Board of New York, a tour with the City History Club, and a Kaffee Klatsch. The plan of the committee, originally, was to have the lectures upon Friday, but as that was one of the days of the State meeting, at which, of course, all nurses would wish to be, the lecture day was changed to Wednesday. The hour is made half after three, as that is the time the private-duty nurse is least apt to be confined to her duties. The class in parliamentary law too has this hour on Thursdays.

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#### MASSACHUSETTS GENERAL

THE regular monthly meeting of the Alumnae Association of the Massachusetts General Hospital and Boston Training-Schools for Nurses was held at the hospital on December 31, 1901, at two-thirty P.M. The report of the previous meeting was read and accepted. The roll-call showed twenty-six members present. A letter from Miss Blanche M. Thayer was read, expressive of the appreciation of herself and family of the resolutions passed by this society upon the death of her sister, Miss Ada Thayer.

It was then voted that something be done by this alumnae in the line of study this winter, and a committee was appointed to make the necessary arrangements for a course in "Parliamentary Law" and another on "Business Methods," the latter to include suggestions as to how nurses may safely invest small sums of money. The following-named are the committee: Miss J. F. Riley, Miss F. Rice, and Miss A. O. Tippet.

Miss E. A. Anderson and Miss Helen Claire were appointed a committee to purchase cups and saucers and teaspoons for use of the alumnae.

A letter was then read by the president stating that one of our members was ill and away from home seeking to recover her health in a more advantageous climate. It was suggested that the alumnae send her a New Year's present of twenty-five dollars with a letter expressing our affectionate remembrance and sympathy. The motion to do so was unanimously carried.

The subject of the meeting, namely, "The Personality of the Nurse a Factor of Success," was then taken up. Miss Lilian Morris opened the discussion, and for a half hour the various points touched upon by her were still further considered. Among the points emphasized were dignity, refinement, cheerfulness, a sense of humor, and an appreciation of the necessity of meeting the family of the patient in a kindly, sympathetic manner, and recognizing the fact that theirs is a position often of greater anxiety than that of the patient. Considerable importance was attached to the added dignity and prestige which the hospital uniform, more especially the cap, gives to the nurse, and this part of Miss Morris's remarks drew out much animated discussion. Miss Anderson thought "the sense of humor" a requisite of success which might well be further emphasized.

The meeting adjourned, followed by the usual cup of tea and social half-hour.

#### MISS MORRIS'S PAPER, "THE PERSONALITY OF A NURSE"

"THE personality of any person has, I think, a great deal to do with their success, no matter what their profession, and perhaps with us it is more important than in most cases, because people who are ill are so susceptible to mannerisms and are just in a condition to notice and be annoyed by lack of tact and refinement in little things which in their ordinary state of health would be unnoticed.

"I don't see why the personality of a nurse is not just the personality of an



ideal woman, for certainly nursing is one of the most truly womanly things that we can do. There are so many things which help to make an attractive personality, dignity, repose of manner, refinement, a sense of humor (if possible), an ordinary amount of cheerfulness, and enough strength of mind and reserve force to give people the feeling that we may be relied upon in any emergency.

"There is one point that I feel very strongly about, and that is the uniform. It seems strange to me that so many nurses when they leave the training-school to do private nursing give up wearing their caps, when they add so much to the dignity and neatness of their appearance. I have even met nurses on duty without *cuffs* or cap, and sometimes only a light cotton dress in place of a uniform. I wish something might be done to force nurses to wear their regular uniform if pride in their training-school does not do it. As long as a nurse's standard in the hospitals is judged more by the amount of work she can accomplish in a given number of hours than by the way the work is done or the character of the worker, we can't expect to have our profession composed of ideal women, but there is no doubt that there is more being done now towards elevating the profession than ever before. When we hear nurses complained of in houses where perhaps several have been employed, it is not very often their work that is objected to. I have so often heard it said in regard to this, 'We had nothing to object to in her work. She took excellent care of the patient, but she is not the sort of person I should care to have again.' It seems that in many cases of this sort the nurse must be partly to blame. I believe that too many of us think that if we make ourselves attractive and pleasing to our patients that our duty in that regard ends there, and to the rest of the family we can be as professional and curt as we please. It certainly is very trying to be stopped every time we leave the sick-room by some member of the family and asked question after question so many of which seem senseless to us, but if we could only put ourselves in their place and realize the constant anxiety they feel, which is so much harder to endure from the fact that they can do nothing for the patients and perhaps cannot see them for days, we would patiently and cheerfully answer their questions so far as our profession allows.

"I think a good woman who takes up her work with a true love of her profession and a resolve to be *courteous* to *everyone* will not fail to have an attractive personality."

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#### METHODIST EPISCOPAL HOSPITAL, PHILADELPHIA

A STATED meeting of this Alumnæ Association was held Thursday, December 12, in the hospital chapel. After the transaction of important business a talk on "Small-pox" was given by Dr. Alice M. Seabrook, directress of the Training-School, and "Personal Experiences in the Care of the Disease" by Miss Edith Harcastle and Miss Lillian Alford.

The association was organized in May, 1900, and has about seventy members. These are scattered from Cuba to Japan, Miss Ito representing it in the latter country.

A motion was made and carried to the effect that the association protest against the so-called training-schools where diplomas are given after a brief course of theoretical work, as the public at large does not discriminate between these and regularly trained nurses.

The officers for the present year are: President, Miss Adeline Müller; first vice-president, Miss Sarah Morris; second vice-president, Edith Wetherill; third



vice-president, Sarah Noble; recording secretary, Miss Lilla Ridout; treasurer, Miss Anna Wetherill.

After discussions the meeting adjourned to meet again in March.

Miss Adeline Müller, a graduate of this school, has been elected superintendent of the Lancaster (Pa.) General Hospital.

Miss Dorothy Ferree, also a graduate of the Methodist, has been elected superintendent of the Bridgeton (N. J.) Hospital.

Misses Gertrude Miller and Anna Hammond, both of the Methodist Hospital, Philadelphia, have gone to the Presidio, San Francisco, as army nurses.

Miss Anna Wetherill has resigned her position in Puerto Principe, Cuba, and returned to Philadelphia.

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#### SALEM, MASS.

THE Salem Hospital Alumnæ Association met on December 10, 1901, at the home of its treasurer, Miss Symonds. There were fourteen members present. After the usual business, members of Miss Symonds's family entertained the society with music and readings, after which light refreshments were served and a social hour was enjoyed.

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#### BROOKLYN, N. Y.

THE Brooklyn Hospital Alumnæ met at the Training-School, Tuesday, December 7, and was called to order at half-past three by the president, twenty-three members being present.

Miss A. Woglom and Miss K. Madden were proposed for membership and accepted. A letter was read from the King's County Hospital Alumnæ Association asking us to join them in a course of study. It was put to vote, and the majority was in favor of joining with them.

A letter from Miss Tweeddale was read asking the members of the association to join them in hearing a lecture to be given by Colonel J. M. Bacon on the subject of "Parliamentary Law" at the Long Island College Hospital Tuesday, January 7, at four P.M.

It was proposed that someone should assist Miss Sturt in Miss Grantham's absence. It was moved and seconded that Miss Soulé should do so.

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#### UNIVERSITY OF MARYLAND ALUMNÆ

THE annual meeting was held in the Nurses' Club, 21 North Carey Street, Friday, December 6. The following officers were elected: President (term two years), Miss Venie C. Weitzel; first vice-president, Miss Cora M. Wilson; second vice-president, Miss M. E. Baldwin; secretary and treasurer, Miss Eleanor Mayes; auditor, Miss M. E. Rolph. Miss K. A. Taylor, the present superintendent of nurses, was made an honorary member. It was decided to hold alumnæ meetings quarterly instead of semi-annually.

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#### ALUMNÆ ASSOCIATION OF ST. JOHN'S HOSPITAL TRAINING-SCHOOL, BROOKLYN, N. Y.

AT a meeting of the graduate nurses of St. John's Hospital, May 10, 1901, an alumnæ association was formed, its object being "To promote the interests of St. John's Hospital Training-School, to raise the standard of nursing generally,



to cultivate social intercourse among the alumnae, and to establish a fund for the benefit of members of the association who may be ill.

# THE ANNUAL ANNOUNCEMENT OF POST-GRADUATE NURSES' CLUB

THE following is sent to each member of the Alumnae Association:

*"Please pin this on your mirror.*

## "POST-GRADUATE HOSPITAL NURSES' CLUB.

"Stated meetings are held at half after three the first Tuesday of the month at the club.

"Dues are payable annually on November 1. Delinquent members are asked to send their fees to the treasurer at once.

"Subscriptions for THE AMERICAN JOURNAL OF NURSING may be left at the club.

"Copies of the 'Fourth Annual Report of the Associated Alumnae' will shortly be on sale at the club. Price ten cents each.

"Caps and uniform materials, record sheets, and temperature charts suitable for use on private duty may also be procured there.

"Changes of address should be sent the secretary, Miss Florence Colpas, 143 East Thirty-fifth Street.

"An attractive programme for the Study Course of the Associated Alumnae has been arranged, and it is hoped that all the members will take advantage of the opportunities thus afforded them for becoming acquainted with much that is interesting and instructive:

"Wednesday, January 15, at three-thirty P.M., at the Roosevelt Hospital, Mrs. von Wagner on 'Sanitary Inspection.'

"Wednesday, January 22, at three-thirty P.M., at the Academy of Medicine, under the auspices of Bellevue Alumnae, Mr. Robert Ely on 'Sociology.'

"Wednesday, January 29, at three-thirty P.M., at the Presbyterian Hospital, Mr. Robert Ely on 'Sociology.'

"Wednesday, February 5, at three-thirty P.M., at the New York Hospital, 'A Tour with Member of City History Club.'

"Wednesday, February 12, at three-thirty P.M., at St. Luke's Hospital, Mrs. Runkle on 'Current Events.'

"Wednesday, February 19, at three-thirty P.M., at the New York Hospital, Mrs. Runkle on 'Current Events.'

"Wednesday, February 26, at *three o'clock promptly*, at the Vaccine Laboratory of the Health Board of New York, foot of East Sixteenth Street, courtesy of Dr. John H. Huddleston.

"Wednesday, March 5, at three-thirty P.M., at post-graduate Nurses' Club, Kaffee Klatsch.

"MARY E. THORNTON, President."

## NEW ENGLAND HOSPITAL ALUMNÆ ASSOCIATION

THE monthly meetings were resumed in October, at which meeting our delegate, Miss Richards, gave a full and interesting account of the Nurses' Congress held in Buffalo. At the November meeting a paper written by Dr. Mary Smith (surgeon) on Cæsarian Section was read and illustrated by an exhibition of the specimen (Porro's) by Dr. Burnham, pathologist to the hospital. The meet-



ing held on December 14 was made interesting by a paper on obstetrics by Miss Jamme, superintendent of nurses, which brought out a very interesting discussion.

We have added five new members to our list. Mrs. Emma W. Smith has resigned the office of treasurer and Miss Sarah Beatty has been elected to the office.

Owing to the ill-health of her son, Mrs. Louise Burnaby Verette has gone to Colorado Springs. Miss Delia O'Brien has been elected in her place as assistant secretary.

Miss B. M. Payne has been appointed superintendent of nurses at St. Luke's Hospital, Denver, Colorado.

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#### THE NURSES' SETTLEMENT

THE Nurses' Settlement in New York has just finished a year of interesting and varied work. The nursing staff rose through the year to eighteen, including a hospital third-year pupil and two who give only a part of their time. The number regularly engaged in systematic visiting nursing rose from ten to twelve, the others being in the Country House, the First Aid Rooms, in executive work, and in extra emergencies in the outside work.

Three thousand nine hundred and ninety-one calls for nurses came in during the year, the physicians sending about twenty-two per cent. and the patients' families thirty-three per cent. About twenty per cent. came from a dispensary with which one nurse is connected, and the rest came from miscellaneous sources. Strictly nursing visits made numbered twenty-six thousand six hundred; many visits made for other purposes are not counted. In the three First Aid Rooms twelve thousand six hundred and ninety-four minor dressings were done within the year.

The nursing service is almost entirely acute, and includes a complete variety of medical cases, among which were in the year five hundred and two cases of pneumonia and one hundred and seven of typhoid, the latter having had a light season. There are many cases of burns and accidents and many of scarlet-fever with complications. Diphtheria cases are frequent. At times it is necessary to set one nurse aside for these cases only. Few obstetrical cases are taken, as a special medical service with pupils in training attends to these. There is a small proportion of operative cases, usually currettement.

During the year two hundred and eighty-five patients were taken to hospitals and two hundred and twenty-five convalescents were entertained for varying periods in the Country House. This charming home, the gift of a young married woman of New York, is one of the most satisfactory parts of the work, and calls forth the most heartfelt and affectionate recognition from the patients. The donor supports it on liberal lines, and the nurse in charge conducts it on the happy and unrestrained basis of an unselfish family. A summer camp and excursions for the young people are also features of the Country House.

There are now thirty-five clubs which have grown up one by one as parts of the social life of the settlement, with classes in sewing, kitchen-garden work and housekeeping, basket weaving, cooking, and home nursing. By the kindness of the Children's Aid Society a large building is utilized in the evenings for many purposes, among them gymnasium and dancing classes, of which there are four, all self-supporting.

The new features of the settlement this winter are carpentering classes for



boys, taught by a young graduate of Smith College, who is as good a carpenter as any man, and who has different groups of boys on each evening,—in all about one hundred and fifty; and a little flat in a near-by tenement, managed by an uptown friend in coöperation with a committee of the Household Economic Association, where the classes in housekeeping are held.

L. D. W.

#### ST. MARY'S ALUMNÆ

THE quarterly meeting of St. Mary's Alumnæ Association was held January 19, at four-thirty P.M., at St. Mary's Hospital. A committee was appointed to draw up resolutions on the death of Miss Anna McInerney, who died in St. Mary's Hospital December 18, copies to be sent to the JOURNAL OF NURSING and relatives.

The officers elected for the present year are as follows: President, Miss N. Hughes; first vice-president, Miss C. C. Macdonell; second vice-president, Miss A. Staley; secretary, Miss G. Macdonell; treasurer, Miss J. Brock.

#### MT. SINAI ALUMNÆ

THE Mt. Sinai Alumnæ Association held its annual meeting at the Training-School on Thursday, January 2, 1902.

Meetings, which are partly social, are held monthly, from October until June. The directors have held two special meetings for the transaction of business. We feel that while the past year has not been without its trying times, it has, upon the whole, been a successful one, because we have accomplished some of the things for which we have been striving.

We all feel that working for an object makes it dear to one's heart, and we cordially welcome our new directors to share our pleasures and responsibilities.

The following are the newly elected officers: President, Miss Frida L. Hartman; vice-president, Miss Esther M. Walters; recording secretary, Miss Susie A. Barden; corresponding secretary, Miss Jane H. Ryerson; treasurer, Miss Jean Campbell.

245 West Fourteenth Street.

JANE H. RYERSON,  
Corresponding Secretary.

#### NEW JERSEY STATE MEETING

A MEETING of the New Jersey State Nurses' Association will be held at Cooper Hospital, Camden, N. J., Wednesday, February 12, at two-forty-five P.M. All members are urged to be present, as the completed constitution will be presented for adoption.

E. FAHRINGER,  
Secretary.

#### MARRIAGES

MARRIED.—At Newark, O., December 26, 1901, Miss Elizabeth Ares, graduate of the Cleveland Homœopathic Training-School, to Dr. Williard Smith. Doctor and Mrs. Smith will reside in Oregon.



## OBITUARY

THE Alumnae Association of Trained Nurses of the Long Island College Hospital have learned with profound regret and with deep sorrow of the death of their associate, Miss Kathrine McLean. In their sorrow they are cheered by the thought that she was faithful unto death, and that her last work was one of love and help to those who were well-nigh helpless. Called to minister to her own in their illness, she learned that others were in dire distress, and with a heart full of sympathy she left one port of duty and repaired to another. There the Master found her doing His work, and He called her home.

We extend to the bereaved ones our loving sympathy and sincere condolence, and assure them that we remember our associate with a sincere heart and are thankful for her good example. She has passed beyond our vision, but not from our love and memory. We cannot and we will not say that she is dead, she is just away.

“ With a cheery smile and a wave of the hand,  
She has passed into an unknown land  
And left us dreaming how very fair  
If needs must be since she lingers there;  
Think of her still as the same, we say,  
She is not dead, she is just away.”

IDA L. SUTLIFFE,  
EMMA G. BROWN,  
MARY TWEEDALE.

At the December meeting of the Alumnae Association of the Bellevue Hospital Training-School, New York, a committee was appointed to prepare and draft the following resolutions:

“ WHEREAS, It has pleased Almighty God to remove from our midst Miss Edith Boggs, matron of Nursery and Child’s Hospital, New York, and member of our Alumnae Association; be it

“ *Resolved*, That we, the members of the Alumnae Association, deeply regret the sudden death of our esteemed friend and active and faithful worker in the nursing profession.

“ *Resolved*, That we extend to her family expressions of deepest sympathy.

“ *Resolved*, That the above resolutions be sent to the bereaved family, be recorded upon our records, and be published in THE AMERICAN JOURNAL OF NURSING.

“ ANNIE RHODES,  
“ ALICE M. WARREN,  
“ Committee.”

DIED.—At St. Mary’s Hospital, December 18, of typhoid fever, Miss Anna McInerny, graduate of St. Mary’s Training-School, Class of 1901. She was dearly beloved and is deeply regretted by all who knew her. Her remains were taken to her home, Dundee, Ontario, Can., for interment.

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# FOREIGN DEPARTMENT

IN CHARGE OF  
LAVINIA L. DOCK



## THE NEW ZEALAND REGISTRATION ACT

WE promised a short time ago to give the New Zealand act relating to nurses as soon as final word came from Mrs. Neill. Her letter, extracts from which are given below, has just come to hand, with the act as finally passed.

“INSPECTOR-GENERAL’S OFFICE,  
“WELLINGTON, N. Z.

“DEAR JOURNAL: I send a copy of our Nurses’ Registration Act as it finally passed. It was a good deal mangled in its passage through the House of Representatives; still, it survived, and that is something gained. I do hope that our little country’s venture in State registration will help to urge on you great big old countries in the same direction.

“The Congress number of the JOURNAL excelled itself. . . . With every good wish for the new year,

“Believe me,

“Yours very sincerely,

“GRACE NEILL.”

“1901, No. 12.

“AN ACT to provide for the Registration of Trained Nurses in New Zealand.  
[12th September, 1901.

“*Be it enacted* by the General Assembly of New Zealand in Parliament assembled, and by the authority of the same, as follows:

“1. The short title of this act is “The Nurses’ Registration Act, 1901.”

“2. In this act, unless inconsistent with the context,—

“‘Hospital’ means a public hospital within the meaning of ‘The Hospitals and Charitable Institutions Act 1885 Amendment Act, 1886,’ and includes such other hospitals the proprietors of which consent to such hospitals being open to inspection under ‘The Hospitals and Charitable Institutions Act, 1885,’ as may be approved by the Governor in Council:

“‘Minister’ means the Minister for the time being in charge of hospitals:

“‘Registrar’ means the Inspector-General of Hospitals in New Zealand.

“3. (1) The Registrar shall from time to time cause the names of all duly qualified nurses to be registered in a book to be kept by him at his office for that purpose, and to be called ‘The Nurses’ Register of New Zealand.’

“(2) Such register shall show the name and address and qualifications of each nurse entered therein, and where and when she was trained.

“(3) A copy of the register shall be published in the *Gazette* annually in the month of January.

“4. (1) Every person who, on the coming into operation of this act, holds



a certificate of three consecutive years' training as a nurse in a hospital, and proves to the satisfaction of the Registrar that during her training she received systematic instruction in theoretical and practical nursing from the medical officer and matron, is entitled to registration on payment of a fee of ten shillings, and on application to the Registrar on or before the thirtieth day of June, one thousand nine hundred and two:

" Provided that nurses who are absent from the colony in the Imperial service shall be allowed to apply under this subsection at any time within three years of the coming into operation of this act.

" (2) Every person who, on the coming into operation of this act, has had four consecutive years' training as a nurse in a hospital, and passes an examination in theoretical and practical nursing by examiners appointed by the Governor under this act, is entitled to registration on payment of a fee of one pound towards the cost of examination.

" (3) From and after the coming into operation of this act every person who has attained the age of twenty-three years, and is certified as having had three-years' training as a nurse in a hospital, together with systematic instruction in theoretical and practical nursing from the medical officer and the matron of that hospital, and who passes an examination from time to time held by examiners appointed under this act, is entitled to registration on payment of a fee of one pound.

" (4) Every person is entitled to registration, on payment of a fee of one pound, who holds a certificate from the medical officer or authorities of any hospital out of New Zealand recognized by the Minister under any regulations under this act, if equivalent in training and examination to what is required from New Zealand nurses under this act.

" 5. For the purpose of enabling nurses who previous to the coming into operation of this act hold certificates issued by any hospital authority, or who may have had not less than four-years' experience as nurses, and who do not come within the foregoing provisions, to be registered under this act, the Minister may make regulations prescribing the qualifications or form of examination required and the fee to be paid for the issue of a certificate which shall entitle the holder to registration under this act:

" Provided that no such certificate shall be issued after the thirty-first day of December, one thousand nine hundred and two.

" 6. A certificate given after the coming into operation of this act by the medical officer of any hospital shall not entitle the holder thereof to registration unless a course of at least twelve lectures has been delivered in that hospital in each of the three-years' residence therein of the holder of the certificate.

" 7. When a nurse is duly registered she shall receive a certificate in the prescribed form, together with a badge bearing her name and the date of registration.

" 8. Every person who procures herself to be registered under this act by means of any false or fraudulent representation, or by the production of any false certificate or testimonial, is liable to a penalty of five pounds, and her name shall be erased from the register.

" 9. Any registered nurse who is convicted of any indictable offence shall have her name erased from the register by order of the Governor in Council, and any registered nurse who is proved to the satisfaction of the Registrar and any Stipendiary Magistrate to have been guilty of grave misconduct shall be liable to have her name erased from the register by order of the Governor in Council.



" 10. All fees and penalties received under this act shall be paid into the public account and form part of the Consolidated Fund, and all expenses of administering this act shall be paid out of moneys appropriated by Parliament for that purpose.

" 11. The Governor may from time to time—

" (1) Appoint fit persons to be Examiners under this act, and fix the remuneration of such persons; and

" (2) Make such regulations as are necessary to carry this act into effect.

" 12. In all appointments of nurses in hospitals under the control of boards constituted under 'The Hospitals and Charitable Institutions Act, 1885,' preference of employment in regard to future vacancies shall be given to registered nurses: Provided that nothing herein contained shall be construed to interfere with the employment of probationer nurses in such institutions.

" 13. This act shall come into operation on the first day of January, one thousand nine hundred and two."

Simplified account of the act, for popularization:

" THE NURSES' REGISTRATION ACT, 1901.

" 1. After January 1, 1902, any nurse who has attained the age of twenty-three and holds a three-year certificate of training from her hospital, showing that she has had not less than twelve lectures from medical officer and matron during each year of her training, and who passes the State examination, can be registered as a New Zealand nurse. Examination fee, one pound.

" Any nurse trained in a hospital outside New Zealand, if her hospital training and knowledge prove to be equivalent to that required from local nurses, can be registered. Fee, one pound.

" 2. Every nurse who at present holds a three-years' certificate from a hospital, having had systematic instruction from medical officer and matron, can be registered as a New Zealand nurse if she applies on or before June 1, 1902. Fee, ten shillings.

" 3. Any nurse who has had four consecutive years in a hospital where systematic instruction and certificates may not have been given can be registered, after passing an appointed examination, if she applies on or before June 1, 1902. Fee, one pound.

" 4. Until December 31, 1902, any nurse who may not come within the foregoing provisions, but who has had not less than four-years' experience and complies with regulations required, can be registered.

" Section 12 of act says, 'In all appointments of nurses in hospitals under control of boards constituted under "The Hospitals and Charitable Institutions Act, 1885," preference of employment in regard to future vacancies shall be given to registered nurses.'

*Examinations.*

" (a) Examinations for the State registration of New Zealand nurses (paragraph 1) will be held in December and May of each year. Candidates must send in name, copy of hospital certificate, and fee to Registrar by November 1 and April 1 each year.

" A detailed syllabus of subjects for this examination can be had upon application to the Registrar.

" Candidates will be allowed to take the subjects of anatomy and physiology at end of second year in hospital.



"If a candidate fail to pass the first time, she can try again at the next examination, but if she fail again she will have to pay another fee before being allowed to enter for examination for the third time.

"(b) Examinations under paragraphs 3 and 4 will be held at such places and times as may suit the convenience of the department and the candidates for registration. Candidates will be examined in elements of anatomy and physiology, medical and surgical nursing, invalid cookery, and household hygiene.

"D. MACGREGOR.

"October 28, 1901."

[As the same subject of registration is dealt with in the report of "Nursing Organization in Africa" sent to the International Congress of Nurses, we will give this report in the next number.—Ed.]

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#### THE ITALIAN HOSPITALS AND NURSING

*To the Editor of THE AMERICAN JOURNAL OF NURSING.*

Six months spent in Italy during the present year have given me an opportunity to learn for myself something as to the status of Italian hospitals, and although my stand-point is not that of the professional, my interest in and familiarity with hospital work in America had established for me a standard of comparison which was of great assistance to me in the observations I was enabled to make through my introductions to physicians and nurses.

In Norway, Sweden, Denmark, Holland, Belgium, Germany, and Switzerland it was plain that fairly good, in some instances excellent, work was being done, but Italy presents in this, as in other directions, special complications, and is, partly for that reason, specially interesting, so that I considered myself very fortunate when I found that my lines had fallen within her pleasant borders.

Making my headquarters in Rome, it was soon evident that both the best and the worst which Italy could show were there within my reach, from San Spirito, founded in 1198, with its capacity of three thousand beds, lunatic wards for four hundred and fifty, and a foundling hospital, to the new military hospital, said to be the best, either civil or military, in the kingdom. What the worst meant in the scale of Italian hospitals I thought I knew; as to what the best might be, I could only guess, and I therefore obtained from the Minister of War permission to inspect the newly erected Army Hospital, receiving, however, before my visit, a very frank warning from one of the most progressive of the Roman physicians.

"Don't fancy," he said sadly, "that you are going to see an American hospital—it will be quite different; we have so much to learn, and we are very poor." In spite, however, of this preparation, I was somewhat disappointed, for in no respect was it more than second rate, while the lack of discipline and consequent disorder were strikingly unpleasant, particularly as they have their rise in race characteristics which will be difficult to overcome. As to the Roman hospitals in general, I do not need here to go into detail, one fact will indicate typical conditions. In the Maternity Hospital on the Piazza di San Giovanni there was no sterilizing apparatus of any kind, and the arrangements for disinfection were of the crudest, a state of affairs which requires no comment. On the other hand, it must be remembered that the material, either stone or cement, of which all these buildings are constructed, favors cleanliness, while the climate is such that ventilation practically takes care of itself. Thanks to these two



permanent factors, dirt and foul air are not so much in evidence as one would expect from the national indifference to them.

From previous and later observations I am convinced that it is fair to take Rome as an average for the kingdom, for granting that in Northern Italy the situation is perhaps better, in Southern Italy it is unmistakably much worse.

Equally I am sure that there will be no radical improvement in any direction until competent trained nurses are given charge of the hospitals. There are not a few earnest and able physicians in Italy, men who have made their record on the scientific side, but I do not believe that it is an exaggeration to say that one trained woman superintendent of the right kind could do more for the physical regeneration of Italy than the entire staff of a university. It is the habits of the people, their daily standards of life, which must be changed and raised, and there is not so good a place to begin as in the wards of a hospital, for nowhere is it so easy to conquer prejudice and to illustrate the value of right living.

The "Casa di Cura" already alluded to deserves more particular mention, because it is in several respects a new departure and has already proven its usefulness. Miss Turton, the lady superintendent, started this home with the approval and coöperation of the Florentine clinical professors, and with two especial objects in view, (*a*) to provide sick people of all nationalities with a home where they could be nursed at the least possible expense, (*b*) to make known to doctors and patients the quality of the nurses she or her colleague, Miss Baxter (Johns Hopkins Hospital), had trained in Italian hospitals.

English or American nurses are of necessity expensive. Italian nurses trained on English and American lines (by Miss Turton or Miss Baxter) can be had for five francs per day or even less when engaged by the month in Rome, Naples, or Florence. Miss Turton therefore was convinced that by employing Italian nurses for her fixed staff, with one experienced English assistant, and calling in other English nurses only when especially desired by patients or their friends, she could provide invalids with the best chances of recovery at the least possible expenditure. The Villa Regina Natalia, 48 Via Bolognese, was rented and opened last year at most reasonable rates, it being arranged also that patients could be accompanied by members of their family or by a servant, could have either the ordinary nursing of the hospital or special nursing (five francs per day for an Italian, ten to fifteen francs for an English nurse), and could call in any doctor of repute whom they might desire, whether of English or other nationality.

Miss Turton's report for this year is on the whole satisfactory, for though the number of patients has been small (thirty-two), the record of recoveries is excellent, while she considers that she has proven the quality of her Italian nurses.

Their patience, combined with their sweetness of manner and remarkable deftness of touch, make them particularly acceptable to nervous or chronic invalids, while their inability to speak anything but Italian is not so serious a matter as it seems, because of their quickness in interpreting signs and picking up necessary words. In fact, one patient who was most enthusiastic in regard to his Italian nurse, to whose care he felt that he owed his life, claims that he went through his long illness with no other means of communication than that afforded by his school-boy Latin, resuscitated as an experiment.

The home is delightfully situated just outside the city limits on high ground and is well equipped both for serious cases, for convalescents, or for travellers who find themselves in need of a few days of complete rest in pleasant surroundings, with baths, massage, and proper food.



As an experiment in making nurses out of untried material it is most interesting, while as a hospital and sanatorium it merits an introduction to Americans travelling in Italy, many of whom, going in pursuit of health, break down completely under the discomforts of hotels and pensions.

In all the large cities there are, of course, foreign nurses, mostly English and German, to be had, but naturally they do not touch the root of the matter,—in fact, their influence does not, as a rule, reach beyond the rooms of their patients. There should be training-schools for Italian women, and to the superintendents of these schools, who must for some time to come be foreigners, should be given charge of wards in the various large hospitals, where they may demonstrate the value of their work and the fitness for it of Italian women. So far as I know there is but one voice as to Miss Baxter's work in Naples, and in Florence I was fortunate in being able to go over the ground thoroughly with Miss Turton, whose "Casa di Cura" in the Via Bolognese is most attractive and promises to be a permanent success. Miss Turton believes that excellent material for nurses can be found among Italian women, and that, as they are much less expensive than the imported nurses, they will rapidly find favor in the eyes of foreign invalids.

But, more than this,—that is, to those who believe in the far-reaching character of this work,—is the patent fact that it is only through nurses of their own race that Italian households can be got at or Italian hospital directors won over. Naturally there are many difficulties in the way of such a movement as this, but, as I have already said, it is in these difficulties, their novelty and, so to speak, picturesqueness, that much of the attractiveness of the field is to be found.

To me, as a casual observer, the most important obstacles seemed to be: (1) The fact that the ground has already been preëmpted by the numerous nursing sisterhoods of the Roman Catholic Church, who are, as a rule, quite without scientific training, and it will be no easy matter to oust tenants whose rights of possession cover from two to ten centuries. (2) That Italian women of the better class, who should be at the head in such an undertaking, are, in the main, not only ultra conservative, but actually indifferent in regard to active reform work of any kind. Both by tradition and training they are predisposed to inactivity and seem also as yet to lack the qualifications for leadership. (3) That the class of women who with us and in England find their vocation in hospital work does not exist in Italy. It would be only in isolated cases and distinctly in the face of the proprieties that a woman above the rank from which upper servants are drawn could attempt to take a nurse's training. It will be only through a combination of many and powerful influences that middle-class Italian women will be drawn from their homes into what is, to them, the publicity of a nurse's life, and induced to undertake duties which they consider demeaning except to those who are bound by religious vows to their performance.

But while I do not undervalue the seriousness of the above facts, neither have I any doubt that out of them may be carved victory by women of intelligence and tact—though I am inclined here to reverse the order and put tact before intelligence, for at present the elements of Italian society are far from homogeneous, and to steer one's way between the old order and the new, utilizing and at the same time keeping friends with both, requires quick appreciation of one's surroundings and more than ordinary self-control.

All this, however, only strengthens, I believe, the probability that for some time to come the opportunity will lie at the door of American and English nurses,



a situation which is likely to be watched with much interest by members of the profession both here and abroad.

The gauge of a people's civilization is the condition of its schools and hospitals, and as yet "United Italy" has not much to show beyond the desire for something better. To her, "the woman among nations," it seems especially fit that the hands of strong women everywhere should be held out, and I can imagine few careers more tempting to a woman conscious of her own ability and sure of her equipment than that which would open before her in accepting an opportunity to remodel the nursing service of an Italian hospital.

F. M. ARMSTRONG.

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#### PROGRESS IN NURSING EDUCATION IN CUBA

MISS HIBBARD writes from Matanzas that rules and regulations for the general use of schools for nurses in state hospitals have just been approved by the governor and become law.

By this law the schools for nurses in the state hospitals are affiliated with the University of Havana, and the theoretical instruction is under the supervision of the university. In other words, the nurses' teaching is now a part of the state Educational Department. This most gratifying and advanced step forward has been taken as the result of the labors of a committee of which Miss Hibbard was a member, and which formulated the regulations thus established by the government.

We warmly congratulate our Cuban sisters, who are thus assured from the outset of the protection of the state in their responsible work, and as warmly congratulate Miss Hibbard and the other members of the committee on their able handling of the fine opportunity thus presented to them. Miss Hibbard promises more details later.

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#### ITEMS

THE reports of our foreign delegates to their various associations make very interesting reading. The *Nursing Record* has Miss Mollett's to the Matrons' Council, and Miss Cartwright's, the latter dealing specially with the private duty of this country; *St. Bartholomew's League News* has Miss Waind's; Miss Hughes and Miss Wood will report later to their various societies, and all the foreign journals have had quite detailed reports of our proceedings. Miss Van Vollenhogen, our Holland nurse who was so cordially received by the audience, has written a most delightful and stirring article to the Dutch *Maandblad*, in which she tells the Dutch nurses right roundly that they will never get ahead until they organize and do for themselves as the American nurses do.

We are sure her letter will send several people to bed with wet compresses on their heads!

Nothing could be kinder than the reports of our English colleagues. Their very criticisms are so pleasing that we want more of them.

Miss Mollett is organizing a League among her nurses.

Miss Amy Hughes has accepted the post of superintendent of the Queen's nurses in the rural districts, a work which will suit her to perfection.



# CHANGES IN THE ARMY NURSE CORPS



## CHANGES IN THE ARMY NURSE CORPS RECORDED IN THE SURGEON-GENERAL'S OFFICE FOR THE MONTH ENDING JANUARY 6, 1902.

ANDERSON, MARY A., formerly on duty at the First Reserve Hospital, Manila, P. I., discharged in Manila.

Ashen, Sarah C., recently arrived in Manila, assigned to duty at the First Reserve Hospital.

Betts, Julia M., formerly on duty at the First Reserve Hospital, Manila, P. I., discharged in Manila.

Brill, Selma, appointed December 13, 1901, and assigned to duty at the United States Army General Hospital, Presidio, San Francisco.

Brock, Sarah A., recently arrived in Manila, assigned to duty at the First Reserve Hospital.

Buckley, Mary E., arrived in San Francisco December 7 on the Sheridan and assigned to duty at the United States Army General Hospital, Presidio.

Burgess, Mrs. Alice Venables, appointed December 13, 1901, and assigned to duty at the United States Army General Hospital, Presidio, San Francisco.

Burke, Nina M., transferred from the First Reserve Hospital, Manila, to duty at the Military Hospital, Iloilo, P. I.

Chamberlain, Blanche, ordered from the United States Army General Hospital, Presidio, San Francisco, to duty at the United States General Hospital, Fort Bayard, N. M.

Charlton, Anna M., formerly on duty at the First Reserve Hospital, Manila, P. I., discharged.

Cochran, Lillian E., formerly on duty at the United States General Hospital, Fort Bayard, N. M., discharged.

Corrigan, Catherine, ordered from the United States General Hospital, Fort Bayard, N. M., to the United States Army General Hospital, Presidio, San Francisco.

Dalgleish, Elspeth, transferred from the First Reserve Hospital, Manila, to the Military Hospital, Vigan, P. I.

Dangel, Josephine N., appointed December 30, 1901, and assigned to duty at the United States Army General Hospital, Presidio, San Francisco.

Deans, Rachel Ann, formerly on duty at First Reserve, Manila, and temporarily serving at San Francisco, discharged.

Deasy, Mary Clare, formerly on duty at the Base Hospital, Calamba, and the First Reserve Hospital, Manila, P. I., discharged.

Dwyer, Katherine, appointed December 13, 1901, and assigned to duty at the United States Army General Hospital, Presidio, San Francisco.

Edwards, Elizabeth F., appointed December 17, 1901, and assigned to duty at the United States Army General Hospital, Presidio, San Francisco.

Fisher, Julia Helen, reappointed December 30, 1901, and assigned to duty at the United States Army General Hospital, Presidio, San Francisco.

Flick, Lucille E. S., ordered to Manila from the United States Army General Hospital, Presidio, San Francisco.

Haefner, Emma, appointed December 13, 1901, and assigned to duty at the United States Army General Hospital, Presidio, San Francisco.



Hughes, Clara E., recently reported in San Francisco from the Philippines, assigned to duty at the United States Army General Hospital, Presidio.

Jefferson, Isolette V., formerly on duty at the United States Army General Hospital, Presidio, San Francisco, discharged.

King, Ella B., formerly on duty at the Military Hospital, Dagupan, and the First Reserve Hospital, Manila, P. I., discharged.

Klein, Amelia P., formerly on duty at the Santa Mesa Hospital, Manila, discharged in Manila.

Lake, Mabel I., recently arrived in Manila, assigned to duty at the First Reserve Hospital.

Linsley, Anne G., recently arrived in San Francisco from the Santa Mesa Hospital, Manila, assigned to duty at the United States Army General Hospital, Presidio.

Locke, Bessie R., transferred from the First Reserve Hospital, Manila, to the Military Hospital, Iloilo, P. I.

McCarthy, Julia Monica, appointed December 15, 1901, and assigned to duty at the United States Army General Hospital, Presidio, San Francisco.

McKelvey, Mary J., transferred from the First Reserve Hospital, Manila, to the Military Hospital, Calamba, P. I.

Morgan, Irene F., ordered to Manila from the United States Army General Hospital, Presidio, San Francisco.

Murrin, Maude G., formerly chief nurse, Military Hospital, Dagupan, and nurse at the First Reserve Hospital, Manila, discharged in Manila.

Pannill, Mattie Porter, appointed December 13, 1901, and assigned to duty at the United States Army General Hospital, Presidio, San Francisco.

Pettit, Augusta L., ordered to Fort Bayard, N. M., from the United States Army General Hospital, Presidio, San Francisco.

Plummer, Samantha C., transferred from the Military Hospital, Vigan, to the Santa Mesa Hospital, Manila, P. I.

Proctor, Jennie W., formerly on duty at the United States Army General Hospital, Presidio, San Francisco, discharged.

Ridley, Albertie E., formerly on duty at the Military Hospital, Iloilo, and the First Reserve Hospital, Manila, P. I., discharged.

Rist, Ella, formerly on duty at the Santa Mesa Hospital, Manila, P. I., discharged in Manila.

Ruble, Minnie, ordered to Fort Bayard, N. M., from United States Army General Hospital, Presidio, San Francisco.

Stoker, Jane M., recently arrived in Manila and assigned to duty at the First Reserve Hospital.

Thompson, Ida Letitia, appointed December 30, 1901, and assigned to duty at the United States Army General Hospital, Presidio, San Francisco.

Unger, B. Matilda, arrived in San Francisco on the Sheridan December 7, 1901, and assigned to duty at the United States Army General Hospital, Presidio.

Woods, Julia, ordered to Manila from the United States Army General Hospital, Presidio, San Francisco.

Yeakle, Katherine, formerly on duty at the Second Reserve Hospital, Santa Mesa Hospital, and First Reserve Hospital, Manila, P. I., discharged.

Yeamans, Laura E., formerly on duty at the Military Hospital, Vigan, Santa Mesa Hospital, and First Reserve Hospital, Manila, P. I., discharged.

Zellar, Clara M., formerly on duty at the Santa Mesa Hospital, Manila, and the Military Hospital, Dagupan, P. I., discharged.



## LETTERS TO THE EDITOR



*[The Editor is not responsible for opinions expressed in this Department.]*

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DEAR EDITOR: May I ask the privilege of talking a few minutes on a subject which has called forth a series of remonstrances from nurses from all parts of the country? Despite this, I feel that I can give still another point of view, which may help some hesitating and uncertain individual, and although I argue from my point of view, I do not claim any greater advantages than could be obtained through other reliable companies, and yet I do claim that an investment in this particular insurance bond is a wise one for any nurse who looks forward to the proverbial "rainy day."

In the article, "Prophylaxis of Poverty," published in the October number of *THE AMERICAN JOURNAL OF NURSING*, the statement in regard to insurance investments is so far wide of the mark, as I understand them, that I feel in duty bound to defend my judgment in making this investment by telling just what I am offered in a contract which I hold with an insurance company.

This contract is as follows: A guaranteed four per cent. compound interest investment bond for two thousand dollars, calling for an annual deposit of one hundred and thirty dollars, increasing in value during its accumulation of twenty years to approximately four thousand dollars.

Just stop a moment here, before we pass on to the other strong points in favor of this insurance bond, and let me compare it with a savings-bank investment.

One hundred and thirty dollars deposited annually in a savings-bank for twenty years at four per cent. compound interest would yield four thousand and twenty-five dollars and ninety-seven cents, a trifle more, in twenty years, than the insurance investment, but with this point in favor of the latter,—that four per cent. compound interest is guaranteed in the insurance investment until its maturity, while in the savings-bank investment nothing is guaranteed, the banks reserving the right to change the rate of interest at will. And, as a matter of fact, not five per cent. of all the savings-banks doing business to-day pay as high a rate of interest as four per cent. Those who did this in former years are not doing so now, and the general tendency of the banks is towards the continuance of this reduction of interest rates.

So far the insurance investment has stood the test well, and refutes the statement that the insurance companies do not pay interest because their extravagant methods of conducting their business will not admit it. And just here I must add that since reading the article, "Prophylaxis of Poverty," I have inquired closely into the financial workings of the insurance company which has issued my bond, and I find that instead of their home-office building being an expense to its insured members to maintain, it yields an annual profit from its rentals of over five per cent. on the actual cost of the property. And I also find that, while general agents may be employed by some insurance companies, the company mentioned abolished the system of employing such men some years ago, and the money thus saved is now apportioned to dividends.



Let us now consider the especially attractive features of the insurance investment which are not found in the other investment under comparison, and which are, therefore, peculiar to itself.

Should death occur after I have deposited one hundred and thirty dollars yearly in a savings-bank for five years, my heirs would receive just seven hundred and thirty-two dollars and twenty-nine cents. And should death occur after I have deposited this same amount yearly for five years in an insurance bond, my heirs would receive two thousand dollars.

Should I (or any woman holding a like contract) find that after holding this investment for five years I am unable to continue my work, and therefore unable to continue my yearly deposit on the insurance investment, I can avail myself of a fifteen-year extension time, during which time the insurance bond for two thousand dollars is good for its face amount without further deposits.

For illustration: In five years I have deposited six hundred and fifty dollars. I discontinue these deposits for reasons named above, and for this sum of six hundred and fifty dollars I am protected for fifteen years, and should death occur before the expiration of this fifteen years, by the terms of the bond "it is guaranteed that my heirs shall receive the full two thousand dollars."

This extension period makes the insurance bond, in the event of non-payment of deposits, automatically non-forfeitable, thereby dispelling the old-time prejudice against insurance, for it makes the loss of one's money an impossibility.

Then again, another feature peculiar to this insurance investment (and peculiar to the particular company which issued the contract which I hold) is its incontestability from date of issue. Every claim is paid without regard to cause of death. In short, the bond is sold with absolutely no restrictions. It is as though you buy an article to be delivered at a certain time, without regard to any conditions at that time. It is simply to be delivered.

And I must not forget to mention the loan benefits incorporated in this insurance bond. After the second year one can borrow of the company amounts that will nearly equal the deposits made, paying at one's convenience, or allowing it to stand and be deducted from the entire cash value of the bond at its maturity. This is a most important privilege, and again does away with an old-time prejudice against insurance,—that it ties up one's money.

The coöperative bank undoubtedly meets the needs of a certain class of wage-earners. But its principles and methods of doing business are so entirely outside of the range of the two investments under discussion, that there would be no point in drawing a comparison. Therefore we will pass this institution by, acknowledging it to be a necessity in some cases, and very helpful in many, but so limited in its benefits that it cannot enter into competition with investments which embrace protection from every stand-point.

In conclusion let me say that I have found nothing in the line of investment that is so many-sided in its protection as this insurance bond, and allow me to again enumerate the benefits which it offers.

Guaranteed four per cent. compound interest for twenty years, with the privilege of loans and extension period in the event of non-payment of deposits, a positive assurance that my money is safe, that I am protected in a way that I cannot be through any other source, and should death overtake me I have paid my debt of gratitude to those left behind.

These facts are enough to recommend the investment to every nurse in the profession. And if, as suggested in the article, "Prophylaxis of Poverty," they cannot see the positive points in its favor, I should be glad to furnish more



information in detail, either through the pages of THE AMERICAN JOURNAL OF NURSING or by letter.

CLARA D. NOYES,  
Superintendent St. Luke's Hospital, New Bedford, Mass.

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DEAR EDITOR: I was interested in reading in the "Notes from the Medical Journals" in your last number Dr. Waldo's remark that the kind of treatment for eczema was not of so much importance as the firm, regular application of the dressing. I have so often been impressed with this in my work, and feel it to be one of the great satisfactions of a nurse's work as compared with a doctor's—he can only *tell* what to do; he can rarely, himself, find time to *do* the things, but the nurse can actually *do them*, thus getting the results and helping the doctor to get them. I have been especially struck with this in the treatment of the eczema of the scalp that one sees so often in dirty and poorly nourished children.

It looks so very disgusting, with the large scabs, often covering the whole head of the child, but there is nothing I have more satisfactory results with. In district work connected with a large dispensary, our physicians' treatment is to cut the hair as closely as possible, and cover the surface affected with a thick poultice of vaseline or of oil-soaked cotton to soften the scabs. I do not try to wash the head at first, but at the second dressing, when the crust is loosened, I scour the head well with tincture of green soap and water, clip the hair still closer, and apply a dressing of salicylic ointment on old linen or gauze. The strength usually ordered is ten per cent. The dressing is firmly fastened. This is repeated every day, and these cases heal rapidly; several days or a week show the scalp almost perfectly clean. I often notice, with similar cases, how much less well they do, or how not at all well, if the dispensary simply gives the mother a jar of ointment with direction for using it. She does not know how to proceed with thoroughness, her only idea being, usually, to rub some in at night. It is in all these things that a district nurse can be so useful. I always try to teach the mother all I can, yet I am not willing to let her actually *do* such work as belongs to the nurse, unless she is unusually competent, for I think it is our part to do the things while we are there. Some district nurses, I think, get into the way of managing their work too much as the doctor must do,—that is, giving advice and instruction, and going from one case to another, expecting the people actually to do many of the little nursing details themselves, with the result that the patients do not do so well. Take even so simple a matter as applying a poultice. Do not think I am lacking in ethics in telling the following incident. I one day accidentally got into the rooms of a family where there was a sick child. The doctor had ordered a poultice, and I found the father, mother, and three neighbors all in a frenzy making the most grotesque and lumpy affair, which they had no idea how to apply. I at once took a hand, made a nice poultice, and applied it snugly. The people were overcome with joy and gratitude, and the mother said, "A nurse was here, but she did not show us how: she only said to make a poultice." Rather surprised, I asked, "Did she do anything?" "Oh, yes, she measured the heat with a little glass, and said he was very sick." Now this seems to me another instance showing that it is not of so much importance what is ordered, as that the thing should be properly done, and the work of the nurse is to do it.

To return to the eczema cases, we find that there is a wide-spread supersti-



tion among our people, especially the Italians, that these cases will get sick if the skin is healed, the idea being that the sickness will only change its locality, and if driven away from the scalp, will enter the child's brain.

It seems to me that all these folk-lore beliefs have a basis of common-sense somewhere, and that in this one we find a dim conception of what we know to be the truth, namely, that there is a general condition of impoverishment. I find it overcomes this superstition effectually to explain that they must also have some strengthening medicine "to drink" at the same time. We always send such cases to a doctor for a tonic, even if the eczema is not sufficiently important for his inspection.

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AN INTERESTED READER.

DEAR EDITOR: In October I received my first copy of your JOURNAL. I was glad indeed to see that nurses were called upon to give practical points on nursing, and trust that many will avail themselves of the privilege. The formula for a refreshing and stimulating bath I have copied in my little book of prescriptions. The ice-pick mentioned by special nurse as her "inseparable" is also worthy of noting. I have secured one for myself.

In the November number a "Graduate" calls our attention to the "Enterprise" ice-shaver. That contrivance is too heavy for us to carry in our telescope. It shaves the ice too finely for ice caps, etc. It also requires a solid block of ice to shave from. *And we cannot always get just what we want or even should have.*

I now will add a point which I hope is worth remembering.

What do you put soiled dressings into? I used to put them in an old basin or slop-jar, then have them all to gather out with my hands to burn.

Have learned a new way, not my own idea, but from another nurse: Take two sheets of newspaper, fold in half pin across bottom and up the side. Now you have a strong bag. Dressings can be dropped into it and all burned. I use the same in phthisis cases for the old muslin squares used to expectorate in, as often these cases reach the stage where they are unable to hold a sputum-cup. During the winter I burn them twice daily in the heater, in summer in the kitchen range after the cook is finished with the fire. Should they not have a coal-fire, I allow the bags to remain in a covered slop-jar, in which I keep chloride of lime, for twenty-four hours. Take two penny bundles of wood and build a little wood-fire, as it is absolutely necessary that these rags should be burned.

Should any nurse have a better way I would be glad to hear from her through our JOURNAL.

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EPISCOPAL HOSPITAL GRADUATE.

January 1, 1902.

DEAR EDITOR: The little green circular came this morning, and being addressed to me personally it seemed to individualize my duties to the "official organ." It appeared to say "do something." I responded at once by forwarding the circular and subscription blank to a nurse in my home town, and I sincerely trust she will oblige you with her subscription, if she has not already done so. I include a list of addresses of nurses in out-of-the-way places and several items of news and practical suggestions, and in this way, dear Editor, I have tried to do my duty to the JOURNAL as the little green circular outlined it in my mind this morning. If you can think of any other way in which I can serve you, I am yours to command. I am very greatly interested in and very proud of the



NURSING JOURNAL. I think, too, that its success means a great deal to the advancement of our profession.

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A. B. C.

January 2, 1902.

DEAR EDITOR: Responding to the circular just received, and realizing my responsibility as a graduate nurse to all that puts the profession on the highest possible plane and maintains it there, I wish thus publicly to record my New Year's resolution: to do something every day of the year 1902 for THE AMERICAN JOURNAL OF NURSING. It means three hundred and sixty-five things to be accomplished and recorded. As it is my first attempt by way of resolutions, I am a little curious myself as to the outcome.

I wonder if there are any other graduates who would like to join me in kind if not in degree. If a careful record is kept of the acts performed for the support of the JOURNAL and a comparison made at the end of the year many valuable hints to people "who would like to do something but don't know just how" would be obtained.

Wishing you, dear Editor, a happy and prosperous new year,

A GRADUATE NURSE.

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DEAR EDITOR: I have been working for the JOURNAL ever since it came out, but the little green circular aroused me to fresh efforts. I have begun by sending a copy of the JOURNAL to a large department store in my city, with the request that it shall be placed upon the table of the public reading-room. I have persuaded a friend that her New-Year's box to a cousin in Canada is incomplete without a subscription for the JOURNAL, and I know that the money has been sent to the Philadelphia office. The superintendent of this hospital has also subscribed this year. I have secured an advertisement to run for a year, and I am going to write a personal letter to each member of my alumnae, asking her if she has subscribed, and if not, why not. I recently gave an address before a woman's club on a nursing subject, and a subscription for the JOURNAL was at once sent, the numbers to be placed in the reading-room, and last, but not least, I talk, talk, talk JOURNAL every day and everywhere. I am a busy woman, carrying heavy burdens, but the work I do for the JOURNAL I count always among the pleasures of the day. May the little green circular bring you many new friends.

A TRAINING-SCHOOL SUPERINTENDENT.

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NEW HAVEN, CONN., January 7, 1902.

*To the Editor of THE AMERICAN JOURNAL OF NURSING.*

DEAR EDITOR: Because of an action taken by the ladies of the Executive Committee of the Connecticut Training-School for Nurses, requiring that the pupils of the school be taught practically the use of the male catheter, Miss Williamson, my assistant superintendent, and myself have resigned our positions, the said resignations to take effect January 15 and February 1 respectively. The authorities of the New Haven Hospital, with which the school is connected, do not endorse the action of the Training-School Committee and will not allow the instruction to be given in the hospital. They have expressed their entire satisfaction with the nursing, and their regret that a change has been made necessary, but recognize that it is the only consistent course to take.

ANNA D. SCHULTZE,  
Superintendent of Nurses.



January 1, 1902.

DEAR EDITOR: The sensational case of Jane Toppan has emphasized to the nursing profession the necessity of the nurse learning to mind her own business completely and exclusively. The practice of therapeutics is not in the province of a nurse, and she who is thoroughly trained never goes beyond her limits; it is the nurse who has spent a few months in the hospital and has picked up in a hap-hazard way a few facts regarding medicine that ventures to display her knowledge(?) and advises or prescribes.

The temptation to prescribe is at times great. The nurse is frequently consulted in regard to some slight illness and is considered as a person of no ability if she cannot recommend some remedy or method of treatment.

Then is the time when training, tact, and good-sense are of especial benefit to her. She can kindly refer them to their physician and must acknowledge her own inability to make a diagnosis or prescribe. The thoroughly trained nurse will never make other than legitimate use of her knowledge.

The charges against Jane Toppan may be unjust, but it is shown that she ventured beyond her depth, and the result is appalling!

May her mistake be a lesson to all nurses either professional or experienced. Let us be careful and faithful in these things which may seem small but are really of great importance, and thus prove our loyalty to the physicians for whom we work.

ADDIE E. DAVIS.

ALHAMBRA, CAL.

DEAR EDITOR: Are there any three-years' course training-schools that will give a nurse with an eighteen-months' training from a small hospital an eighteen-months' or two-years' course with a diploma?

R. M.

[Information is asked for. We know of none.—ED.]

[LETTERS to the Editor must be accompanied by the name in full and address of the writer, otherwise such communications cannot be recognized. The name need not appear in the JOURNAL unless so desired.—ED.]

#### TOO LATE FOR CLASSIFICATION

GUILD OF ST. BARNABAS.

THE annual report, much delayed by reason of a strike, has been distributed, and the names of officers and members of the branches at Sandusky, O., and Norfolk, Va., have been omitted because the list had not been received in time to go to the printer with the other matter. The treasurer was also incorrectly designated secretary on the fly-leaf.

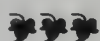
Slips will be furnished to the local secretaries for the correction of these errors as soon as possible.

ANNIE H. B. HOWE,  
Secretary-General.





## EDITOR'S MISCELLANY



[WE have received the following account of the Nurses' Exhibit at Charleston, S. C., from the Johns Hopkins Training-School, whose officers have had the work in charge.—ED.]

“Those who are fortunate enough to be able to turn towards the ‘Sunny South’ at this unfriendly season of the year will probably find themselves tempted to pause at Charleston, S. C., and obtain at least a passing glimpse of the exhibition now in progress there. And those interested in women’s work will find themselves naturally drawn towards the Women’s Building, in which, among a variety of interesting and instructive displays, will be found a quiet corner with a simple placard over the door announcing that within is a *Nursing Exhibit*. This exhibit is a part of the carefully defined plans of a committee of Maryland women, under the direction of Mrs. William M. Ellicott, president of the Arundel Club. This committee of women was anxious to place before Southern people a gathering together of some of the more important works carried on or achieved by women. Various educational matters, work in domestic science, nursing, and other lines were included in this very excellent plan, intended to be suggestive and helpful to women in a part of the country where opportunities for such independent effort are at present difficult to find. Means to assist in the preparation of these exhibits, which are always somewhat costly, was provided, but suitable space was not obtained until late in the autumn, and as it was then stipulated that the work should be completed and articles in place by December 1, time for preparation was limited to the very inadequate period of six weeks. It is greatly to the credit of Miss G. C. Ross, assistant superintendent of nurses, Johns Hopkins Hospital, in whose hands the work of arranging for this exhibit was placed, that so creditable a result has been achieved within these few weeks. The exhibit is small, but it is interesting in that it is, with the exception of a few articles, distinctly representative of the work of nursing, and shows a gratifying number of articles and appliances which have been designed or invented by nurses. This is a field, by the way, in which we have done as a profession far less well than we ought and in which there is room for great and widespread improvement. The articles shown cover the usual ground of photographs, numerous, excellent in quality, and instructive. They are of wards, class-rooms, diet-schools, linen- and supply-rooms, and in many instances show the pupil nurses at their work in the various departments. There are also photographs of many appliances, showing the varieties of uses to which they may be applied. Charts, records, and models form the greater part of the rest of this display. It seemed to us that it would be of great interest to show in some way the growth of nursing literature, and in response to our appeal a very generous offer was made by P. Blakiston’s Son & Co., of Philadelphia, to place on exhibition there as many text- and reference-books on the subject of nursing or allied subjects as we would select up to the number of one hundred and fifty. We are greatly indebted to the Blakistons’ for their courtesy and generosity.

“In addition to the general literature of nursing is placed a collection of articles which we consider truly historical in that they cover the ground of



existing nursing organizations and publications. They are arranged in neat leather portfolios with gilt lettering on the cover, and enclose reports and papers upon the following: 'District and Visiting Nursing,' 'Nurses' Associations and Clubs,' 'Nurses' Settlements,' 'Nursing Journals, Domestic and Foreign,' 'Hospital Economics (Teacher's College),' and various other matters.

"Owing to the briefness of the time, it was found impossible either to prepare a larger exhibit or to obtain, as in previous instances, full collections of articles and materials representing the work of the different schools and hospitals. This is to be deplored, as such displays are very educating and stimulating, and serve to promote a friendly rivalry which is healthful and desirable. The greatest willingness to help in every possible way was shown by the various schools to whom application was made, and our gratitude to the following institutions should here be publicly recorded: Illinois Training-School, Boston City Hospital Training-School, Children's Hospital School, Presbyterian Hospital School, New York, Roosevelt Hospital School, New York, Mount Sinai School, New York, New York Infirmary School, New York, Nurses' Settlement, New York. We also are much indebted to The Kny-Sheerer Company, New York, for sending in response to our request certain articles and appliances which are familiar and invaluable to the nurse in her work. We have outlined but roughly the scope of this exhibit and its purpose, which we hope may in some small degree be accomplished."

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#### SANITARY INSPECTION

THE demand for trained nurses to take positions as sanitary inspectors, though in its first stage, is yet persistent, but no nurses who are fitted for this work can be found, apparently, as two towns in New Jersey whose women's clubs have succeeded in getting permission for this experiment to be tried are seeking in vain for a nurse who shall also have the qualifications necessary for inspector of tenement-houses.

"Both places have applied for help to Mrs. von Wagner, the nurse and Sanitary Inspector for the Board of Health in Yonkers, whose paper at Buffalo was so intensely interesting, but she is unable to advise them where to look. But having the matter thus urged upon her, and being ardently enthusiastic over the possibilities that such work affords to the trained nurse, Mrs. von Wagner informs us that she will give some practical training in Yonkers, under her own supervision, to nurses who wish seriously to fit themselves to undertake similar work. Books can be studied and lectures taken elsewhere, but the practical experience, more valuable than all, is at present not to be had, and this need Mrs. von Wagner will try to meet, but on a strictly business basis, as she is an exceedingly busy woman, and cannot undertake to teach any except such pupils as have a definite purpose in view. Any nurse, therefore, who is considering such work and wishes to prepare herself for it may write to Mrs. von Wagner, 173 North Broadway, Yonkers, N. Y., for particulars. We wish to call nurses' attention specially to this opportunity, as there seems no doubt that women will be largely required before long to take up sanitary inspection work, and the nurse's training gives her an immense advantage over others at the outset.

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A CLUB for poor girls in connection with one of the Cleveland churches has recently started a short course of lectures on such subjects as "The Care of the Health," "The Care of the Sick in the Home," "Preparation of Economical and



Wholesome Food," "Invalid Cookery," etc. Miss Johnson, who is a deaconess as well as a graduate nurse, and who has been engaged for some years in district nursing, Miss Cross, assistant superintendent of nurses at Lakeside Hospital, and Miss Fuller, teacher of dietetics, have undertaken to give several of these lectures.

If nurses in general would take or make opportunities of this kind they could do very much for women who have had few opportunities of acquiring knowledge.

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THE woman doctor in England has all her struggles before her. Recently the governors of the Macclesfield Infirmary appointed a Miss Murdoch Clark as junior house surgeon. Six honorary surgeons thereupon resigned. Recently the governors decided to ask her to resign, giving her a year's salary. She replied that she was fighting the battle of medical women and declined to resign. The governors adjourned.—*Medical News*.

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DR. FRIEDRICH, the Health Officer of Cleveland, is making an effort to place and keep the school buildings in the city in a healthy condition. His present efforts are turned towards procuring individual lockers, thus doing away with the hanging of the garments of one child over those of another, which naturally is an admirable way of carrying disease.

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#### ORANGE VALLEY SETTLEMENT

IN the Nurses' Settlement in Orange Valley Christmas was a busy day. The celebration really began the day before, when each patient visited that day, including a long list of chronics, was given in remembrance of the day a Christmas card, a sprig of holly, and an orange. The nurses carrying these loving tokens were well repaid for their pains by the brightness which so evidently followed in their wake. The festivities were continued on Christmas afternoon, when the nurses gave a party to thirty small children, most of them cripples or invalids, all friends made through professional visits. All, alas! had little or no other Christmas. The party began at half-past three. The guests were received in the pleasant settlement library, made festive with Christmas greens, by the nurses in residence together with a few outside friends. Music was kindly furnished by a small Italian, who brought his violin and played his little pieces to his own great satisfaction and the general admiration of the crowd. The children were then asked to look at the pictures on the walls and to tell what they were. Their attention was thus attracted to a very beautiful Braun photograph of the Sistine Madonna. After they had been encouraged to tell all they knew about the lovely Child and His mother, Miss Wherley, head nurse of the settlement, very sweetly told the Christmas story, keeping the attention of the children to the end. The grown-up people then sung "Come, all ye faithful," and one or two other Christmas carols which the children did not know, but all did know "America." Miss Gallian, now in charge of the settlement, then invited all to the hall, where a lighted tree was discovered, to the joy of the little visitors. Later a crowd of happy children went back to their homes, carrying as tokens of Christmas good-will bags heavily laden with fruit, popcorn, candy, and toys. The nurses now drew a sigh of relief that everything had gone off so pleasantly, and all agreed that it was not the children alone who had enjoyed a happy Christmas.

M. H. P.



# EDITORIAL COMMENT



## WOMEN ON HOSPITAL BOARDS

WE had hoped that Mrs. Robb's Congress paper, given in the January number, would call forth comment from some of our readers on the subject of "Women on Hospital Boards."

We know this to be a subject upon which many of our prominent hospital workers have had experience, and upon which they are capable of expressing very decided opinions, but the fear of seeming discourteous to a body of people who are their superior officers undoubtedly holds many in silence, and we confess that it is with some trepidation that we touch upon the subject ourselves.

We do not believe that *sex* is a very great factor in hospital management. We think Miss Stevenson in her discussion touched the key-note of the situation when she says, "If a man or woman has the administrative power, and understands what good work is, then that man and that woman are the right persons to be put upon a board of managers."

Our ideal of a board of managers is one composed equally of men and women, each possessing the "administrative power," and, speaking from a varied experience, we would say, the smaller the board, the greater the force. Our first practical experience in a hospital under the control of a board of women managers was in the organization of a small institution of ten beds, with fifty women managers, not one of whom had ever seen the inside of a hospital before, and not one of whom but knew better than we how to run such a hospital. We remained there only fourteen months.

Our next venture was in a hospital of fifty beds, with a board of seventy-five women managers, and a board of trustees composed equally of men and women, who really held the balance of power.

In our last position, in a hospital of one hundred and twenty beds, with a board of twenty-four women managers, the administrative power was in the hands of a board of men trustees, in whose Executive Committee, composed of only five members, the actual executive power was vested.

This, we do not hesitate to say, was the best organization for practical results which we have known.

We have found the "administrative power," in a greater or less degree, in both men and women in all of these places, but we have realized that the great usefulness of these people has often been hampered by the association with them of a majority number of members appointed for reasons not in any way touching upon their personal qualifications for such service.

On such boards of management we often find people who are using "charities" as a social stepping-stone,—the newly-rich, who are anxious to spend their money in any way that shall win them public commendation, politicians, and people with social influence, who are looked upon as a necessary means of rousing public interest in an institution.

We recognize the necessity of interesting people representing every class of society in the welfare and support of an institution which is maintained for the



benefit of the general public, but we believe that the few people who are necessary to direct the administration of such institutions should be individuals, either men or women, who have demonstrated in some practical way that they possess the "administrative power," the judgment, honesty, and that great sense of justice necessary for the guidance and control of a public trust. Until this matter of selection is made with greater care universally there will be constant upheavals in the management of public institutions, and there will exist in those institutions that indescribable and indefinable condition which we call "antagonism" between the members of the board and the practical workers in the ranks.

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#### MISS AMY HUGHES

MISS HUGHES'S paper, given in the present number, is the first of a series of three on the subject of district nursing which were read at the "Congress," and which will be given in these pages in their order.

Miss Hughes's paper is doubly valuable, containing, as it does, an interesting description of the work actually being done to-day in England, and giving also a valuable bit of history, all the various and manifold branches of district work, as we know it, having come from the pioneer organization which she describes.

Miss Hughes is an Englishwoman of strong personality, and impresses one with her great reserve force. She is fine-looking, commanding in appearance, and possesses that rare tact and adaptability which comes only from a varied experience with the affairs of life. In all of the discussions in which she participated she commanded the closest attention and interest, and we heard frequently of her popularity and charm from a number of cities where she was a guest.

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#### ARMY NURSE INSPECTION

MRS. DITA H. KINNEY, superintendent of the "Army Nurse Corps," left Washington early in November for a tour of inspection of the army hospitals of the West where trained nurses are stationed. On January 1 Mrs. Kinney sailed for the Philippines, where she will investigate the conditions of the nurses there, and will not be at her desk again in Washington until some time in April.

No subordinate government official is permitted to make statements directly to the public, so that we are not likely to know, at least for the present, the true inwardness of things as Mrs. Kinney finds them; we can only hope that her tour of inspection will result in improved conditions on many lines for the nurses in our army. The result of her efforts will be watched with great interest, not only by the nurses of this country, but by those of other countries. We shall give in an early number the "Nurse Corps Regulations," as issued by the "Medical Department" of the army, with which all nurses should be familiar.

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#### TWO NEW ALUMNÆ JOURNALS.

Two charming and creditable additions to the little family of alumnae journals are the *Paterson General Alumnae Association Journal* and that of the Johns Hopkins Alumnae. They are both on the same general plan, containing addresses from officers full of enthusiasm and ardent in urging fresh activity and enterprise in alumnae affairs; reports showing flourishing conditions; short papers full of suggestive ideas; personal items; school and hospital news.



The Paterson General is an annual, the Johns Hopkins a quarterly. We would like to ask if the various *alumnæ* journals exchange with each other? If not, they are missing both profit and pleasure, and we advise a complete system of exchanges between these publications, of which we hope to keep an exact record, both of this country and abroad.

The friendly emulation thus produced would be wholesome, and the knowledge of one another's doings and aims would bring a fresh and enlarged set of interests to the often "shut in" nurse.

From these journals we see that the Paterson General nurses are interested in the Consumer's League and are trying to do something towards furthering this movement; also that they are taking up the "trained attendant" question for consideration,—no doubt to be followed by action.

The Johns Hopkins *Alumnæ* are offering their services to the Board of Health of Baltimore as assistants in the "war" against tuberculosis; they are also establishing a reference library for the Club-House which is designed to be a good and comprehensive collection of books useful to nurses, not only on professional subjects but upon allied lines of study.

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#### NEW YORK STATE NURSES' ASSOCIATION

THE meeting of the State nurses, held in New York on January 30-31, will have become ancient history to many before we go to press for our next number.

We hope, however, to be able to report that the membership standards have been fixed upon lines having for their first consideration the advancement of the profession as a whole. The questions at issue are of such vital importance, and there are such varied opinions in regard to them, that no one woman, or no one body of nurses, has been ready to stand forth boldly and define the conditions which, while necessary for professional progress, seem at the same time harsh towards the individual. We believe that broad professional lines only can lead to success.

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#### THE COURSE IN HOSPITAL ECONOMICS

WE call the attention of our readers to the report on the course in hospital economics, given in this issue, which contains much valuable information to those who are interested in the development of the course.

The members of these first two classes will always carry the honor of having been the pioneer students in the course, although they were to some extent the victims of some of its necessary crudities. We have a letter before us from the chairman in which she says that the criticisms of the students of last year have been exceedingly helpful in improving the course this year. A spirit of cordial coöperation on the part of both officers and pupils, all working together for the best interests of the course, is the only way in which rapid advancement can be made. But the officers must remember that these pupils are not probationers, and the students must bear in mind that every new step that is taken in the uplifting of our profession must pass through its experimental stage.

It would be interesting and helpful at this point if the graduates would explain through our pages the extent to which the course is of especial value in the various positions which they now occupy.



## SHALL PUPILS IN TRAINING BE REQUIRED TO USE THE MALE CATHETER?

THERE will be found in "Letters to the Editor" a communication from Miss Schultze which brings up the question of teaching pupils in training the use of the male catheter. Without entering into any discussion of the merits or demerits of the case in point, we wish to be clearly understood as being opposed on general principles to compelling young nurses in training to perform all offices for men. What a woman may do after she has finished her training in her private practice is entirely her own personal affair,—she makes her own terms, and is free to leave her patient at any moment,—but we contend that there is a limit to the kind of service which a young, inexperienced woman shall be forced to perform for male patients in a public hospital, while she is in a position which denies her the privilege of refusing to perform such service on the penalty of immediate dismissal. If on leaving the school, with all the variety of experience and manual dexterity which she has acquired, it becomes necessary in a private case for her to use the male catheter, the necessary instruction can be given her in a moment by the physician in attendance. The idea of requiring such service from the young women in the wards of a large general hospital is to us exceedingly repellant, and we have never found it necessary to require it.

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## NURSES WHO SOLICIT

WE have now in a number of cities nurses who are for the time being regularly appointed to introduce the JOURNAL to their associates and solicit subscribers. These women are all supposed to be members of some one of the organizations for which the JOURNAL stands and to be interested in its professional success. A number of nurses who are doing this work have shown great zeal, and their success has been surprising, while others in a better field have not done nearly so well. In a number of instances the work is being done by women incapacitated from doing regular nursing, who have been benefited by the light occupation and out-of-door life, while the revenue, although moderate, has aided in their support during a period of otherwise enforced idleness. The commission for new names is the same as that allowed on all two-dollar journals, with one half the amount for renewals. It is the privilege of an old subscriber to send her renewal through the solicitor, but it is not the right of the solicitor to *demand* that she shall do so. We would caution all nurses to assure themselves that the solicitor is properly authorized to represent us before intrusting her with their money.











MADAM TSILKA

(See page 473)



# THE AMERICAN JOURNAL OF NURSING

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## HISTORY OF VISITING NURSE WORK IN AMERICA \*

By HARRIET FULMER

Superintendent of the Visiting Nurse Association of Chicago

IN the characteristics and aim of district or visiting nurse work there may be said to be "nothing new." It is a branch of nursing so well known to our profession that it is useless to dwell upon the purpose of the work.

At the Congress of Nurses held in Chicago in 1893 the subject of this paper was given such complete and detailed description by women of years of experience in the work that it would be time misspent to take up that part of the subject, so well covered then.

The facts and data of the present paper are largely statistical, and intended only as historical of the subject, and simply to show the growth of the work in various parts of the country in the last ten years. This philanthropy has now taken its place among the organized charities of modern times. Only a few years ago quite unknown, it is now operated successfully in almost every section of the country. It is a charity of which its promoters never tire; and noting its success and present steady growth, one often wonders why its initiatory stages had such uphill work.

District or visiting nurse work covers that branch of nursing which cares for the sick poor in their own homes, when by reason of surrounding circumstances the patient may not be sent to a hospital. The work is likened to a large out-door hospital, the various towns and localities being divided into wards or districts, the whole being responsible to the head or superintending nurse.

From the first year of its existence, when Fliedner at Kaiserswerth sent trained women into the homes of the poor, and William Rathbone, M.P., saw the need of it in England, the character of this work has not

\* Read before the Congress of Nurses at Buffalo, September, 1901.



changed; it still carries out the first paramount principles of giving skilled nursing to the poor and the small wage earner in their own homes, and to use such methods of instruction as to teach them to care for their own sick and to carry out the right observance of sanitary laws.

The pioneers of this work had untold difficulties to overcome, for by no means did their efforts meet with warm support. Medical men were suspicious that these organizations sending out skilled nursing help would interfere with their practice, and many of the laity felt it an innovation not practical, and that the poor could get on the same as they always had done.

It is needless to say that the newer and younger associations have none of these difficulties, for physicians everywhere now are not only the instigators in new localities, but are always the staunchest supporters of the scheme. The development of the work in America has not been a bed of roses, and with all its seeming success in this country we are years behind Germany and England.

A woman prominent in philanthropic work says, "There is no form of organized philanthropy that demonstrates more clearly the present progressive ideas of social and economic work among the less fortunate," and a student of social problems has well said, "It is the safest and most practical means of bridging the gulf which lies between the classes and the masses."

This principle is largely illustrated in the successful social settlement made up of nurses at 265 Henry Street, New York City.

In continuance I should like to put in short form a few general suggestions to those who are contemplating forming this work in new localities. I shall give below a combination of the various methods carried out in many of the organizations now operated.

First comes the need, then the presentation of the project at a general meeting of the public, to which should be asked prominent physicians of the locality to give it its endorsement. Then comes the mode of support, usually best by voluntary contributions in small sums from the public rather than by individuals, as then no one may feel that they have a special claim upon the service. If operated upon the non-sectarian principle, you then have the support of all the religious elements, but are confined to no particular one. Cases should be taken and received from all sources.

An ideal system may have many adjuncts operating in connection with it. First is the Flower Mission, or the Diet Kitchen, or the Convalescent Home in some near-by country place, to which patients may be sent. Then in the district must be the ever-ready and well-filled loan



press, containing every known article that may be used for the comfort and well-being of the sick. The most successful organizations go upon the principle that the best results are shown to the people when the best professional nurse gives the service assisted by the most modern sick-room appliances rather than by makeshifts, and yet always giving information as to what articles may be used in the place of the modern ones.

In adopting a name for any new society doing this work we would advise the use of the term "Visiting Nursing" as being more comprehensive than "District Nursing," and as less cumbersome than "Instructive Visiting Nursing."

The woman employed to do this work should be a graduate of a large general training-school, for she may care for many cases without the doctor in attendance, and she should know how to meet every emergency.

In starting the work in a new locality preference should be given a nurse who has had experience in district nursing work, and the rules for the admission of additional nurses to the society should be most severe. She should be required at the end of a certain time to give a complete sketch of how she would meet all the various emergencies that might arise in the work; how she would send a case to the hospital, secure ambulance service, report cases for relief sent to various institutions, to summer homes, etc.

The next step in the right direction in the work in this country will be to establish a special post-graduate course for all nurses desiring to take up visiting nurse work, for too many nurses come into the work having little idea as to the requirements and demands; and during the period of perhaps their first year, the organizations suffer by their lack of knowledge.

In the near future the Chicago association will establish a course of this kind where graduates from general training-schools may take up and learn the work in a systematic way.

I may go on now with some of the general requirements and rules for nurses. They are employed actively from eight to ten hours per day, and if they are doing the work in the right spirit any additional service required is done without comment. The salaries throughout the country paid to these workers seem to be about uniform, forty-five dollars, fifty dollars, and sixty dollars per month, according to the time they remain in the work.

Not all organizations have a regulation uniform, but those who do are to be commended. For in many instances its moral effect upon the patient is constantly apparent, and there is nothing that can take the



place of the plain gingham dress and the neat coat and hat of subdued color.

In most organizations the visits of the nurse average from eight to twelve in one day, varying from a half hour to two hours each. A typical day in a large society—one will not be amiss—is as follows: The first visit was to a dying consumptive, where a bath and clean linen were given; the second, a bath and alcohol sponge to a man with typhoid; third, dressing a varicose ulcer on the leg of a woman who makes wrappers all day long at forty cents per dozen; fifth, baths and clean linen to a family of five, all ill with typhoid; reported case to Board of Health, arranged to send patients to hospital; two-hours' work required; sixth, maternity case: bathed mother and babe; received ten cents for service; seventh, took temperature and pulse of convalescing typhoid; arranged to send patient to country; eighth, bath to mother and daughter, both ill with consumption; new case, reported to Health Board; ninth, very sick babe; gave bath, furnished milk, and instructed mother; sent free doctor; tenth, man with locomotor ataxia; gave bath, made application to send patient to Home for Incurables.

Who, in hearing this, will gainsay that it was not a day full of satisfaction to the nurse, of practical benefit to the patients, and of infinite credit to the supporters of the work who make it possible that the relief may be given.

The regular systematizing of the work we do not find an easy matter, the very character of the work itself bringing about rather a hap-hazard way of doing it, for the very reason that no day's work can be arranged prior to its beginning.

The records kept and the reports made for filing require much skill and patience, and take a large part of the nurse's time and labor. Most of the women employed find their greatest hardship in the exposure to the elements, rain, cold, and snow in winter, and the beating rays of the sun in summer, for the visiting nurse goes on her rounds, rain or shine, heat or cold, and often the nurse herself, after a very hard day's labor, wonders why she is willing to give up a lucrative and half-comfortable private practice for this life of exposure and self-denial. But nearly every woman now doing the work finds that indescribable something which is akin to fascination in being the instrument that brings so much comfort to those who, without her, would have naught, and at the same time in combining with her labor self-support and independence.

Miss Brent, of Brooklyn, N. Y., in a clever paper on district nursing read before the Congress of Charities in 1894, sums up the work of the nurse as follows: "It is a hand-to-hand struggle against disease, pov-



erty, and dirt, against the most pitiful ignorance and inherited prejudice. The nurse finds her routine work widely different from hospital or private duty. . . . Beginning each morning her daily rounds of visits, carrying with her in as small a compass as possible all the necessary appliances for her work, she goes from house to house, from one patient to another, mounting flight after flight of stairs,—for it is a curious but true fact that tenement-house patients always live on the top floor of a very tall house,—here making beds, preparing nourishment, giving sponge-baths, there bandaging a leg or applying a dressing, but in all cases carrying out the doctor's orders, leaving notes of temperature and general condition, being certain the medicine will be properly administered, and seeing that proper nourishment is provided whether by direct orders or otherwise,—in short, doing everything in her power for her patient's comfort."

The following is an extract from a letter from Florence Nightingale to Lady Aberdeen in commendation of district nursing work:

"Let me gladly add myself as a witness of experience here to the great blessing which the trained district nurse has been to the sick poor.

"If you are able to maintain the high standard for your nurses which you have done, and succeed in attracting good young women to enter upon the work, there can be no doubt that it will get on and prosper. Difficulties and trials there must be, but if so noble an object, it is worthy the expenditure of much labor and patience."

From the hospital training-school the area of the trained nurse's work has become extended to private nursing (nursing the well-to-do) and latterly to that far more numerous class of patients who are either entirely destitute, or able to make a small contribution for the services of a nurse, and yet who are not fit subjects for hospital treatment.

It is especially and above all to this last class that the trained district nurse has proved so great a benefit. For the duties of the district nurse more experience, more self-denial, is wanted than for those of hospital or private practice nurses, who have the doctors always at hand to refer to, and have all the appliances of hospital or home at the service of the patient.

The success of district nursing depends, more than in hospital and private practice, upon the character of the nurse, and the character of the nurse depends much more upon the nature of her training and the continuance of those helps, physical and moral, which that training has supplied to her.

The total number of associations doing this work in America is fifty-three; the number of nurses employed one hundred and thirty.



## SOCIETIES AT PRESENT OPERATING IN AMERICA, IN ALPHABETICAL ORDER.

*Albany, N. Y.*

The work there is done by the Albany Guild for the Care of the Sick Poor, and is the outgrowth of the Fruit and Flower Mission, which was organized in 1880.

It employs four nurses and does much work among the class which render small fees for the nurse's care. The nurse here may not respond to any calls excepting those sent to her from the physicians and by the president of the association. This method necessarily limits the field.

*Baltimore, Md.*

The work in Baltimore is known under the name of the Instructive Visiting Nurse Association. It began in January, 1896, with one nurse. At the beginning of the present year it has five.

The association is partially self-supporting, the deficit is made up by voluntary contributions. It is non-sectarian and neutral. Coöperates with the other charities of the city. From the first it has been a most successful organized society.

*Boston, Mass.*

Boston is the oldest of the Visiting Nurse Societies established in America; it was organized in 1886.

The fourteen nurses work in connection with the dispensary physicians connected with the Boston Dispensary, established in 1796.

This association is known as the Instructive District Nursing Association of Boston.

*Brooklyn, N. Y.*

The visiting nurse work is operated in this city and is known as the Red Cross Instruction and District Nursing Society, and is now a department of the Bureau of Associated Charities. Three nurses are employed who do usual nursing work.

In addition to the work done under the auspices of the Bureau of Charities there is also a graduate nurse at the Pratt College Settlement, supported by a private individual.

*Buffalo, N. Y.*

The District Nursing Association of Buffalo was organized in 1892, to provide free nursing among the sick poor and to carry on a diet kitchen and flower mission in connection therewith.

The association is strictly non-sectarian, receiving its support from the voluntary contributions of all denominations. There are now four nurses doing duty for the association.



*Cambridge, Mass.*

The district nursing in this locality is under the direct supervision of the District Nursing Association of Boston. It is really a branch of that city's work.

*Charleston, S. C.*

In this city is an organization known as the Ladies' Benevolent Society, whose constitution says "is formed for the relief of the sick only." It is probably the oldest of its kind in America, having just had its eighty-eighth anniversary. It is supported by voluntary contributions, fees, and legacies. It is undenominational.

*Chicago, Ill.*

The Visiting Nurse Association of Chicago was organized in 1890. Fifteen nurses are employed. It has also a staff of untrained women who are sent to remain in the home. It is non-sectarian, neutral, and exclusively a public charity, supported by voluntary contributions, fees, and legacies. Managed by a Board of Directors of thirty-two women. Coöperates with all the organized charities of the city. Gives only nursing and medical care and only such relief as pertains to the sick. Paramount object, instruction to the people in sanitary laws and hygiene and the care of their own families in time of illness.

*Colorado Springs, Col.*

The work here is comparatively new, and the one nurse employed is under the supervision of the Associated Charities and paid by them.

*Columbus, O.*

The organization is known here as the Instructive District Nursing Association. It was organized in 1898, through the efforts of philanthropic citizens, and is now supported by voluntary contributions. Three nurses are now employed.

This organization secured its first nurses from the organization in Chicago. It has been most successful.

*Concord, Mass.*

The work at Concord was established in 1900, and employs one nurse. The largest part of the work is done in the families of those who can pay small sums for the service, though the association was started for the benefit of the destitute poor.

*Davenport, Ia.*

In connection with St. Luke's Hospital of this city is organized a department of district nursing. The pupils in the second year are sent



out to care for the sick in their own homes under the supervision of the superintendent of nurses.

*Denver, Col.*

In 1892 the Denver Flower Mission employed a visiting nurse to care for the sick poor. In 1900 this association merged into what is known as the Visiting Nurse Association and Flower Mission of Denver.

It is supported by voluntary contributions, fees, and legacies. Two nurses are employed. They also have in connection a complete medical and surgical staff. The charity organization of Denver contributes towards the fund.

*Detroit, Mich.*

The Visiting Nurse Association of Detroit was organized in 1896. It is supported by the various guilds and church societies and voluntary contributions. It has in its employ at present three trained nurses. It has the hearty support of all the institutions of the city.

*Fall River, Mass.*

In Fall River, Mass., the work is done under the auspices of the Union Hospital, which sends out one nurse who cares for as many cases as possible during the day.

*Fitchburg, Mass.*

In Fitchburg, Mass., the work is known as the Instructive Home Nurse Association, and is a department of the charity organization known as the Fitchburg Benevolent Union. Employs two nurses and makes a specialty of its loan closets, the system of which could be profitably copied in all the other district nursing work.

*Fort Wayne, Ind.*

The work is known in this city as the Visiting Nurse League. It is supported by various church circles and the contributions of the public. It employs two nurses and works in connection with the Associated Charities.

*Grand Rapids, Mich.*

The District Nurse Association in Grand Rapids is operated in connection with the charity organization of that city. Two nurses are employed who work entirely in connection with the Associated Charities. The fund is supplied by private individuals.

*Hampton, Va.*

A very successful association, organized since 1899, is the district work done in connection with the Hampton Training-School for Nurses connected with the Dixie Hospital.

This is the oldest training-school for colored women in America,



and the pupil nurses are sent to furnish nursing care to the sick poor in the town.

*Harrisburg, Pa.*

The Visiting Nurse Society of Harrisburg is neutral and non-sectarian; employs two nurses and is supported by a private individual. It was formed in 1899 and has been most successful. The work is done by nurses formerly employed by the Chicago Association.

*Hartford, Conn.*

Hartford is perhaps the newest of the organized associations. It was started in February, 1901, and has one nurse.

*Kansas City, Mo.*

The work in Kansas City was begun in 1891 and is known as the Visiting Nurse Association of Kansas City. Two nurses do the work in this organization. It is supported by voluntary contributions of the public.

*Keene, N. H.*

In Keene, N. H., the work is done by student nurses sent out from the city hospital.

*Lawrence, Mass.*

The work of the visiting nurse in this locality is supplied by the pupil nurses from the Lawrence Training-School for Nurses.

*Los Angeles, Cal.*

The work was started in Los Angeles in 1899. One nurse is employed by the city—the only place in America where it is done in this way. The plan might well be adopted elsewhere.

*Lynn, Mass.*

The district work in the homes of the poor was organized here in 1896 through an agreement between the Lynn Hospital and the Associated Charities, whereby the Associated Charities was to pay the Lynn Hospital for the service of a nurse in training. The nurse is changed once in two months. She reports at the office of the Associated Charities for all her cases.

*Malden, Mass.*

One nurse has been employed here since 1899. She works in connection with the Industrial Aid Society. The salary is paid by this society.

*Melrose, Mass.*

In Melrose the work is done by the pupil nurses of the Melrose Hospital.



*Middletown, Conn.*

The work was organized here in 1901 and has one nurse employed. The work is going on most successfully.

*Milwaukee, Wis.*

The work here is done by two nurses employed by the Associated Charities. There is no distinct organization of the kind.

*Mt. Kisco, N. Y.*

The work here is done by the Visiting Nurse Association known as the Ellen Wood Memorial District Nurse Association. It was named in memory of Miss Wood, a Johns Hopkins nurse, the Alumnae Association of that school contributing towards the support. One nurse is employed.

*Newburg, N. Y.*

The work here was started in 1897 by the clergymen of the city, and is known as the Visiting Nurse Society of Newburg. The expenses are met by contributions from the various churches, by fees, and legacies. They have one nurse, and she may only take cases sent to her by physicians of the city. The work is now on a permanent basis.

*Newport, R. I.*

The work in Newport is carried on under the auspices of the Newport Hospital, the pupil nurses in training in the second year being sent out to care for patients in their own homes who are unable to pay for the service. The plan has been operated successfully for a number of years.

*Newton, Mass.*

This association was organized in 1898. It acts under the direction of the physicians of the city of Newton, and is supported by voluntary contributions. Two nurses do the work.

*New York City.*

The ground is well covered in New York City, although the work is not done by any one organized society for this work. The Bureau of Associated Charities has six nurses working in connection with it. There are two branches of the Nurses' Settlement of from ten to twelve nurses, and others are engaged in the parishes of Grace, Trinity, St. Thomas, and others. The City Missionary Society, one of the oldest organizations in New York City for caring for the sick poor, has employed a band of trained women for many years. The field is a large one, and



really should be covered by an organized society operating on a separate and distinct basis.

The work at the Nurses' Settlement, 265 Henry Street, is most complete in every detail, comprising the district nursing on the upper and lower east side, with social work.

*Norfolk, Va.*

The work here is operated under the direction of the Norfolk Union of the King's Daughters. Two nurses are employed, part of one nurse's time being used as a friendly visitor for the united charities. There is great need for this work in that locality.

*Oakland, Cal.*

The work is done by the pupil nurses sent out from the Oakland Hospital. There is not as great need in this locality as is found in many others. It was established in 1894.

*Omaha, Neb.*

The work was organized in Omaha in 1897 with one nurse in charge. It is supported by voluntary contributions, and is indorsed by leading physicians of the city. It is modelled, both in the constitution and the detail work, upon the Chicago plan.

*Orange, N. J.*

The work in Orange, N. J., is carried on by the nurses of the Orange Hospital Training-School, who live at the Nurses' Settlement in the district occupied largely by the mill hands. It is supported by voluntary contributions.

*Philadelphia, Pa.*

The Visiting Nurses' Society was organized here in 1875, almost simultaneously with that of Boston. It employs eight graduate nurses and several under-graduates. It is supported entirely by voluntary contributions. It is non-sectarian, and its constitution says that "the object of this society is to give to the poor and to those of moderate means the best home nursing possible under existing circumstances."

*Plainfield, N. J.*

The work was established here several years since under the auspices of the City Union of the King's Daughters. The fund is supplied entirely by this organization. The nurse herself is really a part of the Associated Charities.



*Proctor, Vt.*

The Proctor Hospital Training-School takes care of the poor in their own homes by sending out a pupil nurse when in her second year of training.

*Rochester, N. Y.*

The Rochester City Hospital furnishes through its out-door-relief department a district nurse who cares for all cases who are too poor and who are unable to leave their families to go to the hospital. The Homœopathic Hospital has a special endowment for the support of two visiting nurses. The ground is well covered in Rochester, though there is a field for a regular organization.

*Salem, Mass.*

The work is done here in connection with the Associated Charities, but is supported by private individuals. One nurse is employed.

*San Francisco, Cal.*

In 1897 the Fruit and Flower Mission of San Francisco employed a visiting nurse to care for the sick poor. In the following year, in 1898, it was transferred to the Associated Charities and a second nurse was added to the work. The support comes from private individuals, who furnish the money for this purpose.

They receive most of their calls from the Associated Charities. In addition to these nurses there are several others working in connection with the various parishes. The sick poor are well cared for in San Francisco.

*Scranton, Pa.*

The Associated Charities in this city employs a nurse in connection with their work. The expenses are met by that organization.

*St. Louis, Mo.*

The sick poor in their own homes are cared for here by the nurse employed in connection with the Visiting Nurse Department of the St. Louis Provident Association.

It was formed in 1895 and is supported by the regular Associated Charities.

*St. Paul, Minn.*

One visiting nurse is employed here by the Bethel Settlement. The field in St. Paul is covered very much in the same way as that in New York. There is no regularly authorized system under one head, but the sick poor are well cared for.



*Syracuse, N. Y.*

The society here is an organized one, known as the Visiting Nurse Association of Syracuse. It was organized in 1896 and is supported by private individuals and public contributions. Two nurses cover the field.

*Waltham, Mass.*

The district visiting nursing is done here by the pupil nurses of the Waltham Training-School. This system, now operated in many localities, is indebted to Dr. A. Worcester for its origin. It was the first time in this country that the sick poor had been cared for in their own homes. The work is most successfully carried on and serves two purposes, that of giving care to the people who cannot afford to pay for the service, and also giving experience to young women in training which they perhaps could not get under the roof of the hospital.

*Washington, D. C.*

The Instructive Visiting Nurse Society was organized in Washington in 1900. It now employs five nurses and is supported by the voluntary contributions of the public.

*Winchester, Mass.*

The work was organized here in 1899. Two nurses are employed who do much charity work, but are especially serviceable to the small wage earner, who pays a fee for care received. The support is from voluntary contributions.

*Worcester, Mass.*

The work is done here by two nurses, supported by voluntary contributions, and who work in connection with the Associated Charities.

This paper would not be complete without a mention of the Victoria Order of Nurses, founded in Canada by the Countess of Aberdeen.

The order is for the benefit of the sick poor, the same as all other district nursing societies, and is supported by voluntary contributions. Its work is larger and covers a greater field than any of the organizations of its kind in the States. In Montreal there is also a district nurse sent out in connection with the Diet Dispensary.

In Toronto the Nursing at Home Mission does the same sort of work as is covered by the organized societies in the States; it also is supported by the voluntary contributions of the public.

SUMMARY.

After laying before you all the plans and operations of the various organizations of this character now under way, we leave it to you to



choose the best means of operation. With the active professional worker the neutral lines seem the best lines. Whether the work can be carried on with or without the religious element depends upon the locality. The demand for this work is usually spontaneous, and not always will the same people recognize its necessity. In one instance it may be the physician of the locality, in another the clergy, in another the philanthropic and benevolent wealthy. The question is: shall the work be non-sectarian and neutral, or shall it be a specified charity by itself, or operated in connection with churches or dispensaries, or with the city physicians? Or shall it be a department of the organized charities which already exist in every State of the Union? No one can advise any special plan, but we can all urge communities to provide for the care for the sick poor in their homes, where the well members of the family may be taught a responsibility towards their own sick that they would not otherwise have. Not more than one-third of the cases usually helped can enter hospitals, and many do go who should not, for in these instances a home may be broken up and the responsibility that should be borne by the individual shifted to an institution.

Many contend that the work comes very near being a luxury to the poor. If it is, then every asylum founded for charity is a luxury, and a luxury too that relieves the individual of any dependence upon his own exertions and has no results to show save that of pauperization.

Before closing, just a word as to the woman detailed for such work as this. Only can she be successful when she has passed through a broad general training in the best nurses' schools that can be found. With this must be a refinement and culture which gives the courage and patience to overcome the overwhelming difficulties to be encountered.

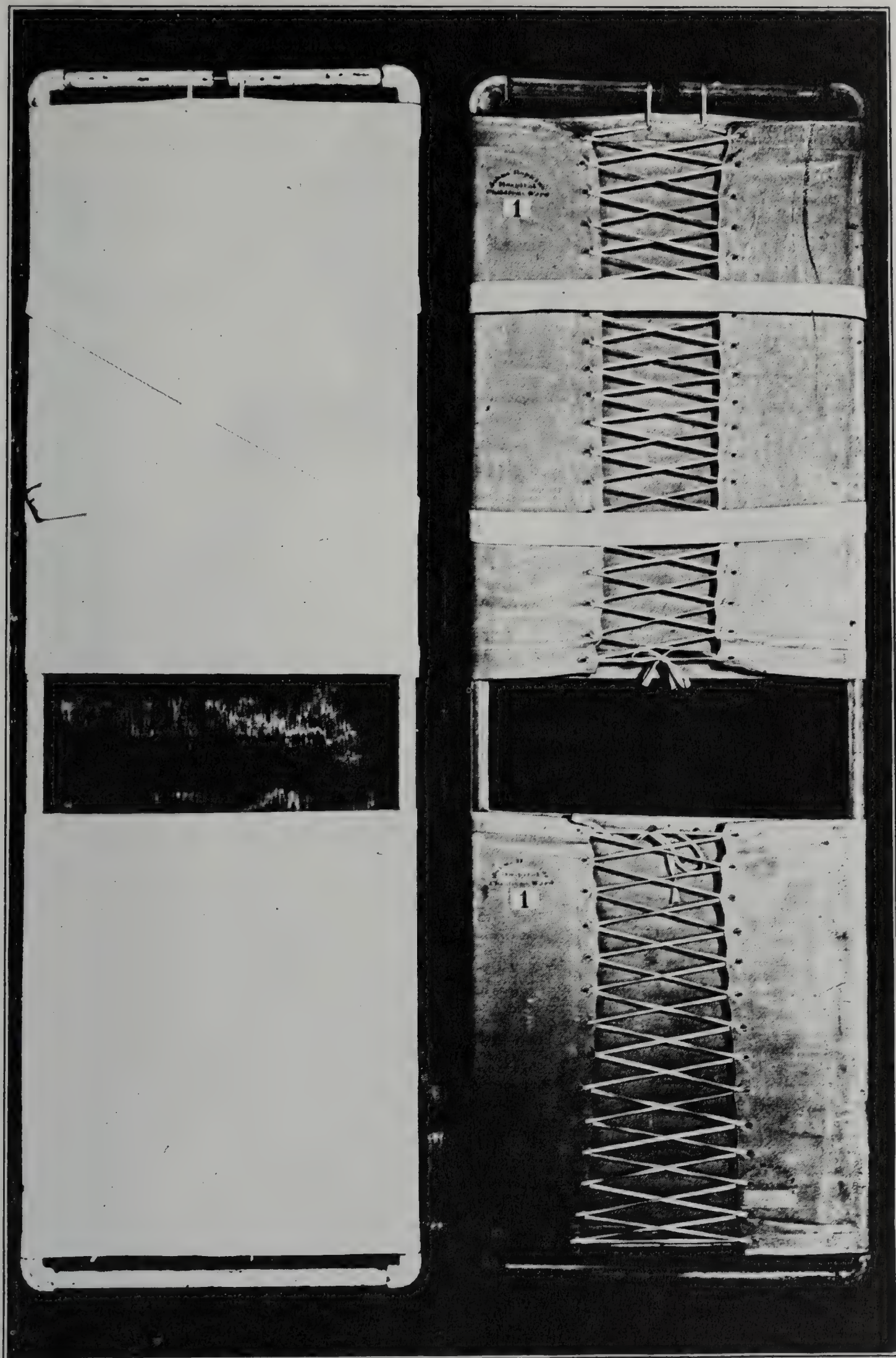
Armed with these weapons, she goes forth as no other philanthropic worker, with a profession so valuable and at once so practical that there is no mistaking the need she fills.

For the past ten years it has been clearly shown "that the district visiting nurse work is the best means at the smallest cost of helping the conditions of the poor, sick or well." Hospitals do much good, but, after all, they offer but outside methods of education. It is by reaching the people in their own homes and teaching them to utilize and make the best of what they have that lasting good may be accomplished.

To the following we are gratefully indebted for data and information pertaining to the subject of this paper: To the secretaries and superintendents of the various organizations; to the secretaries of the charity organizations in all parts of the country.

For articles on the subject of district nursing you are referred to the following: The "Report of the Conference of Charities in 1894,"





BRADFORD FRAME





CHILD IN A PLASTER JACKET



Nursing Section; paper by Edith S. Brent, Brooklyn, N. Y., on "District Nursing;" a pamphlet published by the Victoria Order of Nurses by Countess Aberdeen on "District Nursing;" "The History of District Nursing," Dr. A. Worcester, M.D.; a small volume on "District Nursing" by William Rathbone, M.P.; a work on "District Nursing" by Mrs. Dacre-Craven.

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## THE NURSING CARE OF ORTHOPÆDIC SURGICAL CASES

By ELEANOR WHARTON WOOD

Johns Hopkins Hospital School for Nurses

THE diseases of children which come under the treatment of orthopædic surgery are tedious in their cure and require continued and careful nursing.

Orthopædic surgery has to do with the correction of deformities by operative measures and mechanical apparatus. To intelligently understand the result the latter method is to produce, the nurse should be conversant with the mechanism of the various implements, how they are made, what they are to do, how they are adjusted, and their proper care.

The majority of orthopædic cases are met with among the poorer classes, and while the patients are undergoing treatment during the acute stages in the hospitals, it is in the convalescent stages that the nurse's work plays so important a role. The prevalent complaints demanding orthopædic measures are rhachitis, tubercular vertebræ, disease of hip and other joints, flatfoot, curvature of the spine, cerebral infantile paralysis, and malformations of bone due to various causes. Each must naturally have its own special and individual care. If the caretakers of children and those who are working in their midst were more on the alert in watching their progress and growth, their discernment would enable them to adopt effective prophylactic measures against the development of these diseases. Affections of the bones do not occur suddenly, but are attended by many symptoms usually unobserved in their early stages, but which if noticed in time and proper measures were taken would prevent many months and years of suffering and deformity.

If one is to deal with the abnormalities of children, she should first know the habits of a normal child, note its pulse and respiration at certain ages, the position the child naturally takes, its characteristic walk, normal attitude in standing, sitting, reaching, and stooping, also its attitude and breathing during sleep. Tuberculosis may be said to be the foundation of orthopædic cases in children, and Pott's disease may be mentioned as one of the chief types of the group. "Pott's disease is



a chronic destructive pathological process which primarily attacks the bodies of the vertebræ, and one of whose chief symptoms is muscular rigidity at the affected portion of the spine." Peculiar attitude and gait and referred pain are the prominent early symptoms, and on their early recognition depends the benefit to be derived from treatment. Pott's disease is commonly in the cervical, dorsal, and lumbar regions, though it occurs also in the thoracic region.

The vertebral column being the chief support of the body, and having the power to accommodate its mobility to all movements of the body, any disease of the vertebræ must interfere with normal motion. An observer's attention may be called to the child's peculiar attitude by noticing its stiff and awkward positions in trying to do certain things, due to an unconscious effort on the part of the child to prevent jar or increased pressure upon the affected vertebræ. In disease of the upper cervical region wry-neck is the common attitude; in the lower cervical or upper dorsal region the chin is held somewhat raised to balance the weight of the head. Disease in the lower dorsal and lumbar regions makes the child's erectness noticeable, with an increased hollowness in the back and a correspondingly prominent abdomen.

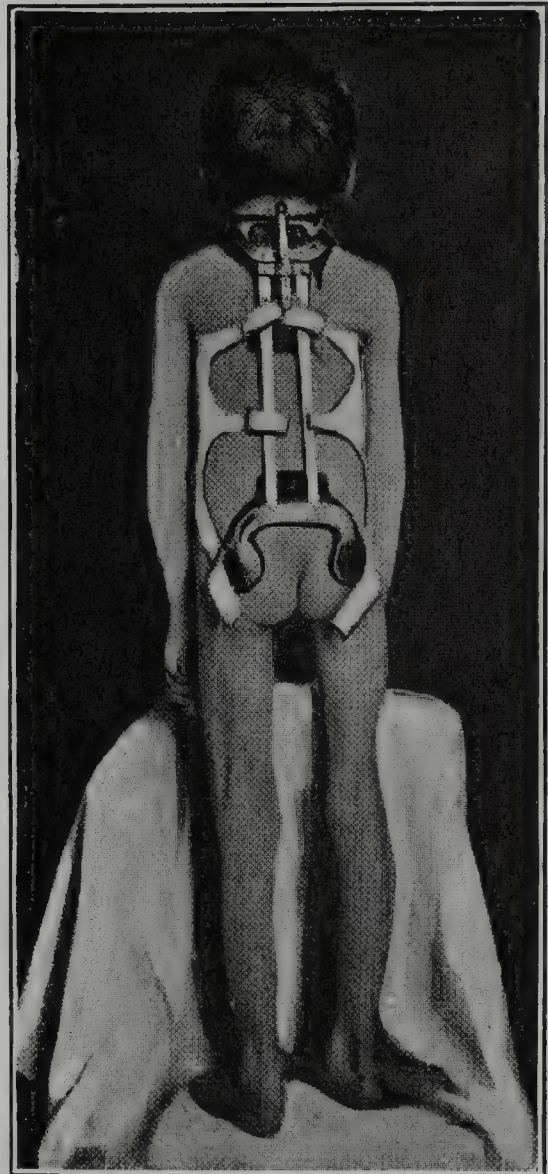
The walk is characterized by tip-toeing and bending of the knees, to prevent a jar upon the vertebræ by the heels being brought down to the floor. Muscular stiffness is characteristic of Pott's disease, and when the lower part of the spine is affected it is often impossible for the child to bend the back forward,—thus in picking up an object from the floor he will keep the spine erect, lowering himself to the floor by bending the knees. One's attention may be attracted by the child's inability to engage in normal play and by its unusual fatigue,—a desire to lie down or to rest, supporting the head with its hands, or the trunk by holding on to the thighs, according to the part of the spine affected.

Pain and sensitiveness to touch are not looked for at the place of deformity in the spine. Pain may be felt in almost any portion of the body,—the head, legs, arms, and stomach,—being referred to these parts by means of the nerves which have their origin in the spinal cord and are in relation to the affected vertebræ.

Pain is worse at night, as in sleep the child unconsciously relaxes from guarded positions assumed when awake, and we hear what are known as "night-cries." Partial or complete paralysis of the legs, either early or late in the disease, and abscess in the back wall of the pharynx or along the course of the psoas muscle are the frequent complications.

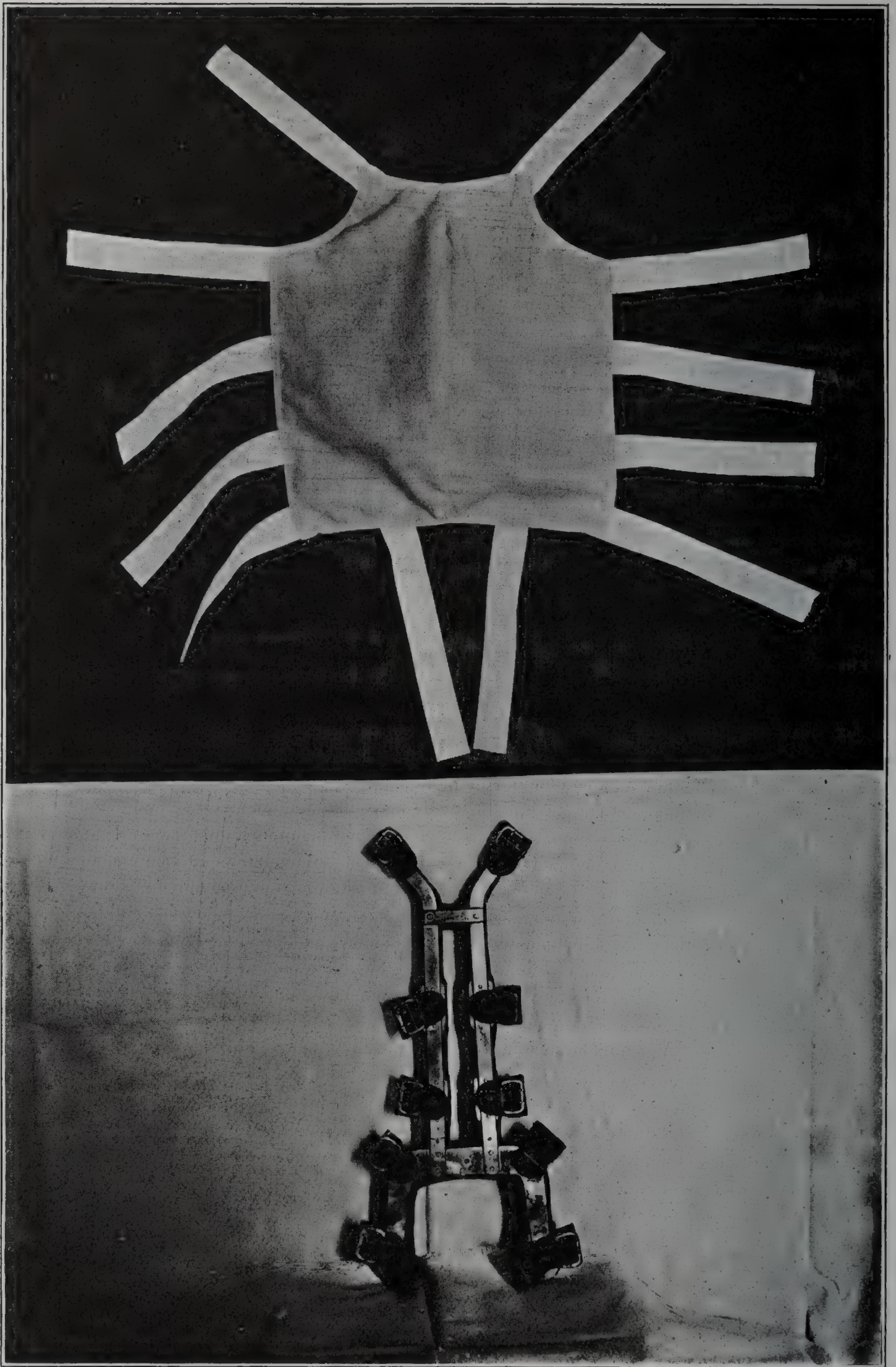
Treatment of the disease differs in the acute, subacute, and convalescent stages. The acute stage requires absolute rest. The purpose is to fix the child in a position on a hard surface so as to have no super-





TAYLOR BACK-BRACE WITH HEAD SUPPORT, APPLIED





THE TAYLOR BACK-BRACE AND APRON



incumbent weight pressing upon any portion of the spine. Bradford frames are used for this, and the nurse must know the proper size, the size of the covers, how to make them and how they should fit, the kind of straps and their use, and the proper use of pads for intervertebral pressure; she must also know the importance of the proper care of the child's back—that it must be washed, rubbed with alcohol, and powdered daily. The frame itself should be four or five inches longer than the patient and a little wider than the breadth of the shoulders. The coverings, preferably of canvas, should be laced across the frame evenly and firmly, with a space left for the buttocks.

The whole aspect of a child on a Bradford frame should strike the observer's eye immediately as one in which every detail of equipment is perfect: there should be a uniform appearance, a perfect relationship of the child to its position, and absolute cleanliness and neatness.

In the subacute and convalescent stage the patient is allowed out of bed while wearing some appliance to give relief to the diseased vertebræ from the body-weight. This is done by braces and plaster-of-Paris jackets.

A poor jacket does more harm than good, and it is within the nurse's province to know how to make plaster bandages and how to apply them; to know the proper kind of shirting to be worn under the plaster, its fit, the kind of padding, and its purpose. The nurse should know when the jacket needs changing, and she should always guard the skin from chafing and know the remedies for excoriations. Instead of plaster, steel appliances may be used for fixation of the spine, and a knowledge of the proper kind of straps, pads, and buckles comes in here, as well as of the proper adjustment of the apparatus.

Psoas contraction, usually the result of psoas abscess, is treated by extension made on the leg, and here the nurse must be able to discern the amount of flexion, its gradual reduction, and according to this must know the amount of traction required on the leg, and also the graduated amount of pillows or pads necessary to keep the leg in proper position.

Lateral curvature of the spine is not a disease, but a distortion of growth. Suffering in this is caused by altered muscular strain and the pressure upon nerves of displaced organs. The objects of treatment are to remove the superincumbent weight, to strengthen the spinal column, and to prevent it from being constantly held out of line. Recumbent position, exercise, or forcible correction, as the individual case calls for, tonics, improvement of digestion, and fresh air are the means to accomplish these. The kind of exercise must be governed by the special case, and those who have this in charge must know which exercises place and



maintain the spine in its best position, and which exercises develop the muscles brought into play in this position.

The system of Swedish movements is generally employed, and in many institutions the method of Teschner. (See *Annals of Surgery*, August, 1895.)

Tuberculous disease of the hip is the most common of the affections of the joints. Injury to the hip may be a predisposing factor to the growth of the tubercle bacilli there. The symptoms of the disease are pain and limp, followed by stiffness, distortion, and atrophy.

Pain in the knee, referred there by the nerves, is the characteristic pain of hip disease. The "night-cry" is of significance, accounted for by the relaxation of the voluntary and involuntary protection of muscles, which excites muscular contractions and brings the sensitive parts together. The cry is sharp, and the child is usually found holding the thigh with the hand or pressing upon the limb with the other foot.

The limp, at first due to sensitiveness, changes the normal function of the limb and brings about an inequality in length and limitation of motion. With the limp there is stiffness due to reflex muscular spasms, and following this is flexion, abduction, and outward rotation.

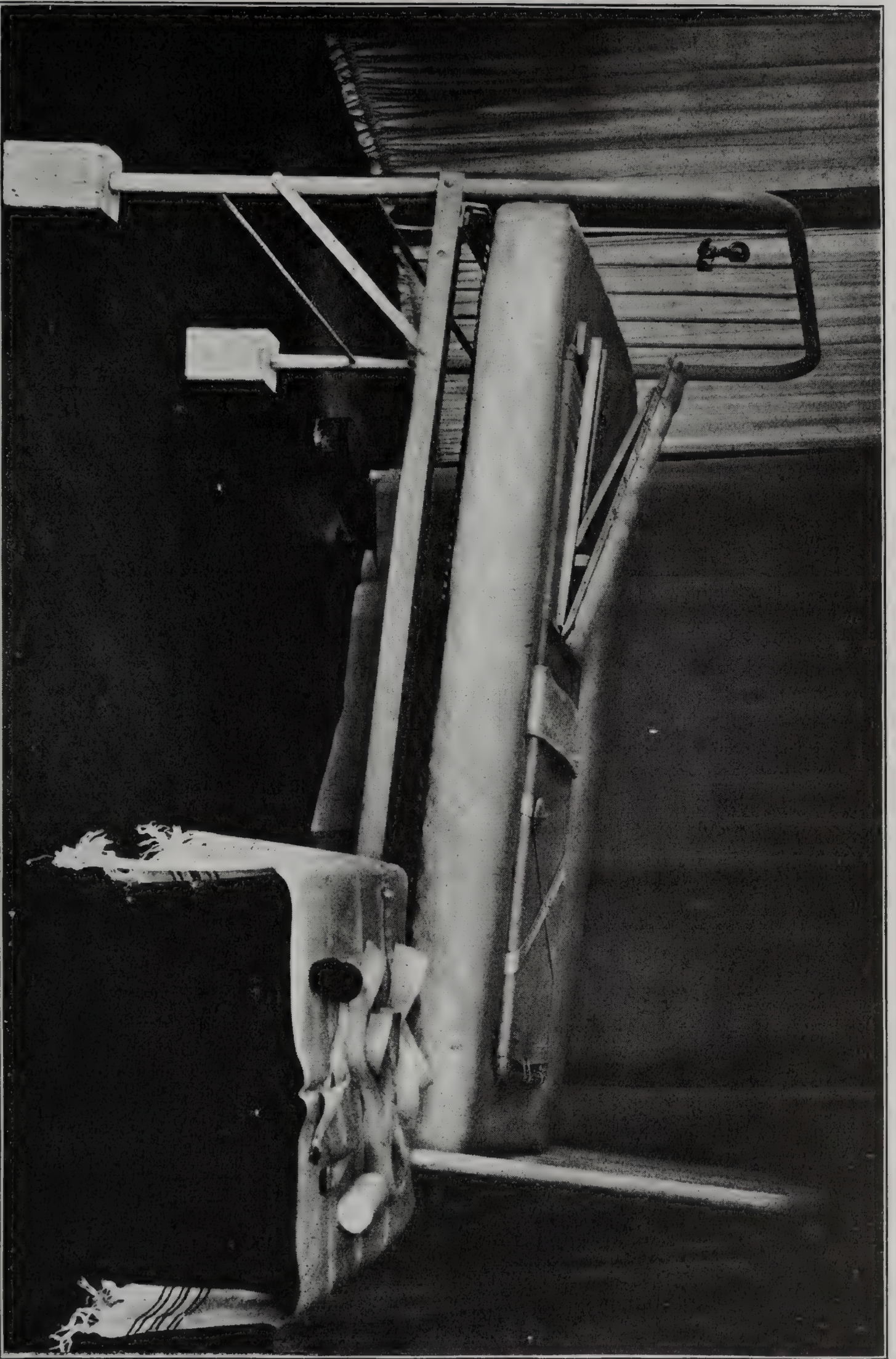
As the disease progresses the limb becomes more incapable of performing its proper function, and the attitude changes to increased flexion and abduction, in which attitude the limb is best protected from injury. The purpose of treatment is to secure rest and protection and gradually bring the leg to normal position. Traction of sufficient force is made upon the limb to overcome and control the spasmodic action of the muscles.

If the child is to be kept at complete rest, he is placed upon a Bradford frame and the affected limb is raised until the lumbar vertebræ rest upon the bed, and next the leg is moved to one side until the level of the pelvis is established. At this angle the leg is put up in extension by means of weights and pulleys. Adhesive strapping on the outer and inner sides of the leg from the thigh to the ankle are put on to make connection with the tapes holding the weights over the pulley.

The nurse must understand the proper position of the child, the care of and the proper appliance of the apparatus, and the care of the skin at places where irritation could occur. She must know how to handle the child without jarring it and how to care for it without interfering with the required amount of constant traction. If a hip which needs continued traction of a certain number of pounds for protection from muscle spasm is left for a time with a reduced amount of weight, the joint may receive serious damage.

If a Taylor hip-brace or a plaster-of-Paris spica bandage up the





EXTENSION ATTACHED TO BED





CHILD IN EXTENSION



leg and around the pelvis is used for ambulatory treatment, the nurse has to be conversant with their object, care, and manner of appliance.

Another group of importance coming under orthopædic cases are those due to various types of paralysis—such as cerebral hemorrhage, infantile paralysis, and congenital defects resulting from cerebral hemorrhage. The characteristic symptoms are persistent stiffness and constant spasm of the muscles of the leg and sometimes of the arm. The walk is characterized by a clinging gait,—the feet scrape along the floor. The affected foot is cold. The treatment is to counteract the influences producing these results, to stimulate the muscles by electricity and persistent rubbing of the paralyzed limb. Much depends upon the mental training in order to make as active as possible the remaining functions of the brain.

In congenital club-foot much can be accomplished by mechanical correction. In a new-born infant the deformity may be rectified by manipulating the foot several times a day and holding it as straight as possible for a minute or two at a time. Later it is frequently treated by fixation in a plaster-of-Paris bandage; and watchfulness must be exerted to guard against injuries to the circulation. If a brace has been worn, and the deformity has been corrected sufficiently to do away with the brace, the walk of the child must be carefully watched and care taken to have the shoe of proper shape and size.

The children afflicted with the above-named diseases, particularly tuberculosis, are invariably of a nervous and irritable temperament, and the mental and moral care cannot well be separated from the physical, as the success of one so largely depends upon that of the other.

At the time of surgical dressings the nurse's great object should be to gain the confidence of the child, never to deceive it; to be firm and yet gentle, and she should try to divert the child, not by talking of what is to happen at the present time, but by directing its attention to a foreign subject.

The ideal way of looking after these children in their homes would be for the city hospitals to appoint a nurse who has previously had them under her charge while in the hospital, to make visits of daily inspection to see if plaster casts are in proper order, if braces are properly put on and in good condition. The nurse could then instruct the mothers as to hygienic surroundings, bathing, clothing, food, exercise, and sleep. Such a plan is simple and comparatively inexpensive, and if efficiently carried out would be of almost incalculable benefit to any community. The health and welfare of the children are always of paramount importance, and every available measure which tends to secure them should be adopted and constantly utilized.



## WOMEN IN THE CARE OF THE INSANE

BY JULIA C. LATHROP

Chicago

ANY discussion as to the advisability of the presence of women in institutions for the insane inevitably confines itself to considering them as caretakers, for they are present as patients whether we will or not. The mills of the gods grind out—by no means slowly—crazed men and distracted women in almost exactly equal numbers, and they are sent to the asylums in the same proportion.

What I have to say will have the flavor of lay criticism of technical matters, the more marked, perhaps, because this is not the occasion for entering into the general discussion of the care of the insane from the lay point of view,—a legitimate enough stand-point in itself, I take it, so long as the laity furnish the population of the institution. It is not in a critical spirit that this little article is written, however, but with a desire to point out a line of development which is already beginning and which may be hastened by public attention.

The one capacity in which women are now universally employed is, of course, that of attendants or nurses for women patients. Can their field be enlarged? Some years ago the Illinois State Board of Charities made an inquiry as to the hours, wages, and training of attendants. The replies of fifty-eight superintendents of State institutions are of interest in this connection.

Alas! one immediately perceives that little irony which so often appears when the relative work and wages of men and women are examined. The work of men and women in hospitals for the insane is really identical—equal numbers of irresponsible persons in wards of equal size to be fed, housed, and cared for under exactly similar conditions. The charge to the public or to relatives is the same for every patient, whether man or woman, but there is a marked difference between the pay of the attendants upon the men and those who serve the women patients. Roughly stated, the women receive an average of two-thirds as much as the men. As the usual average rates for men are about twenty dollars monthly on entering, increasing gradually to thirty dollars, it is easy to judge whether two-thirds of this pay is enough to invite educated women to make the care of the insane a profession in the same way in which the nurse in the general hospital takes up her work.

This inequality is mentioned here for its bearing upon the question of the value of women when taken in connection with the following inquiry and replies given in the report mentioned above. The question



was, "Is it as easy to thus improve the grade of men as of women attendants?" (i.e., by requiring them to qualify as trained nurses for the insane). Of the fifty-five superintendents who replied, thirty-three answered "No," in some cases with qualifying remarks, thus: "Women are better nurses naturally," "Women are better fitted for the work," "More difficult to get efficient men." "Men look out for more agreeable work," "Men usually worthless," "Much more difficult," "Women always more satisfactory than men," "No, wages too low," "No, men can find better work," while among other answers of the superintendents who stated that it was equally easy to improve the men attendants were such qualified replies as, "Yes, when times are bad," "Yes, with increased wages," "Yes, with good wages," "Yes, with money."

It is plain there is in the market-place better ability to be more cheaply bought among women than among men, even if wages were equalized, so that we may well inquire whether a more general employment of women is practicable. On this point the report says:

"A more general employment of women attendants upon men's wards is recommended. This recommendation comes especially from those superintendents whose standing best entitles their opinions to respect. There is practically unanimous testimony to the superior service obtainable from women. This is ascribed in part to their natural taste for nursing, and in part to the fact that more avenues of desirable and lucrative employment are open to men than to women. We would respectfully submit that, since it is possible to obtain a better grade of service among women than among men for the same pay, there is a good reason, from an economic stand-point, for urging the most general employment of women practicable. Women are employed in men's wards in some of the most progressive hospitals, including one of the Illinois hospitals. Of course, this does not mean that there shall be no men attendants, but points towards a partial introduction of the system in the general hospitals, with nurses in charge and male orderlies. This system, so far as tried, has satisfied the humanitarian and the physician alike."

About two-thirds of the superintendents agreed in considering women attendants in men's wards desirable. A few replies may be quoted: "Very desirable and quite practicable; their presence has a good effect on patient and employee," "Yes, think result most excellent," "Yes, the institution expects to inaugurate this service shortly," and so on.

In most hospitals the attendants eat and sleep with their patients, their working-day is sixteen hours, and they are allowed only two hours or less off the ward in each twenty-four. The report says:

"The general monthly wage for a working-day of sixteen hours is from eighteen to thirty dollars per month for men, from twelve to twenty-five dollars for women. It will be remembered that the State of Illinois considers eight



hours a working-day for clerks and others whose employment does not carry with it any great responsibility.

"On the other hand, it is, so far as the board knows, universally admitted that no work is more exhausting to the nervous system than caring for the insane. It requires a disciplined mind and a high character to bear calmly and patiently with the violent or annoying conduct of many insane patients, and to regard all their unreason and extravagance as symptoms of a disease, no more to be resented than a rise of temperature in fever. Ought the State to expect to obtain such qualifications when the hours are twice the legal working-day, and the compensation no better than that of city house servants?"

The task of the physician in the insane hospital, disheartening at best, is rendered absolutely hopeless in crowded wards where overworked, under-trained, under-paid attendants remain almost as closely imprisoned as their charges. The other day a tired-looking girl opened the ward door for the physician who was taking a late visitor about. It was then nine o'clock in the evening. "How long have you been on duty?" "Since half-past five." "What are your hours?" asked the visitor. "I'm on until ten o'clock every other night. The odd nights I'm off at eight o'clock." How much vigor and poise and amiability can be left in the average human being at the end of such days?

The foregoing suggests no unfair picture of the conditions in the usual institution for the insane. It must be remembered that these hours and these conditions are not continued for a few weeks merely, during the stress of an acute case of illness, but that they are maintained steadily year after year. Is it surprising that the life in the wards for patients and attendants alike becomes monotonous and stupid? Is it surprising that overworked attendants, having picked out the patients who will most docilely perform the tasks of the ward or of the workroom, keep these few continuously employed and leave the others without stimulus, to sit dull and steadily duller along the wall? With the lack of thorough, modern medical supervision too often noticeable in our institutions is it surprising that the attendants come to regard their charges as a mischievous flock, to be kept in an externally clean and orderly condition with the least necessary exertion and without consideration of individuals?

A young Swiss woman, who had been a nurse for several years in an excellent hospital for the insane in her native land, came to this country with a patient, and later when her services were no longer required obtained a place as attendant in one of the best public hospitals in this country. Her comments were given with the greatest simplicity and honesty. She said in quaint, hesitating English, which I cannot reproduce: "It is all so different here. The nurses are so fine, they dress so well. They seem so above the patients; they do not play with the



patients. At home if the doctors came in and we were not playing with the patients, they always said to us, 'Why do you not play with the patients?' We must be always with the patients,—playing or working with them. At home the doctors came on the wards many times a day. We did not know when they were coming. Here they make rounds regularly twice a day—we know the hours they will come." In other words, this nurse at once felt the lack of individual attention to patients which is apparent in most of our institutions.

Again, the sphere of women in the care of the insane will necessarily be enlarged with the fuller organization of our system. This must occur at no distant period, and will begin with small hospitals (which shall be hospitals in fact as well as in name) for acute or threatening cases, which will include locked hospitals for patients unsafe at large and will end with village, colony, and family care for patients who can be safe with such freedom.

The village life of the insane in Belgium—at Gheel, with its history of a thousand years of such care; at Lierneux, a recent colony—shows nearly three thousand insane living in the families of the villages, going in and out freely, helping in the households, and working in the fields. The new French colony for women at Dun-sur-Auron, established after a careful examination of the Scotch and Belgian boarding-out, is another suggestive example. Here the five hundred boarders are all women. Scotland, from the Lowlands to the Hebrides, boards in scattered villages more than one-fifth of their entire insane population. In all these cases the care is necessarily given chiefly by women, under medical supervision. No one who has seen this simple, almost natural, life can doubt its affording, on the whole, far greater comfort to those capable of enjoying its freedom than they could ever obtain in the locked wards of the most magnificent institutions. Undoubtedly its adoption in this country will require modifications, but the general plan of a freer life for a considerable fraction of the insane is perfectly feasible, and one of the most important modifications would consist in the emphasis put on trained women nurses and caretakers.

The training necessary for a good attendant on an average ward in an insane hospital is not identical with that needed by the nurse in a general hospital, nor perhaps are the more desirable mental attributes for the two kinds of service exactly the same. The exactness and precision of the general hospital training are not helpful in the daily care of the insane unless well subordinated. The attendant for the insane needs good temper, self-control, patience, above all adaptability, and this last quality, broadly interpreted, means the power of finding out how other people feel, of getting their point of view, and of interesting them



in pleasant and useful things outside themselves. I do not add to this list the power to express authority, because the attendants have absolute power by the nature of the case, and other qualities are needed to humanize the authority which must be exerted.

I do not forget that there are excellent training-schools in a few hospitals for the insane, but it is also true that there are far more institutions which offer no pretence of training, and where the work is chiefly done by ignorant young men and girls at day laborers' and housemaids' wages, and where the presence of a trained nurse even in the infirmary wards is unknown. I am sure that the entire force of nurses and attendants should be under the direct charge of trained nurses who have had not only the training of a general hospital, but special training in hospitals for the insane.

The insane hospital training-school could then be made more efficient and the service classified so as to render it more attractive to intelligent young persons and more useful to the institution. The service would and should cost more than at present, but it would justify itself to the public, and I have never seen an institution where the added cost could not be saved by other economies without injury to the patients.

Centres of training under the highest medical direction in the small hospitals for acute cases and in the great institutions would also become centres from which would be sent out trained caretakers for colony or village life, for the supervision of patients thus placed, and for private cases.

These wards, filled with people stricken with an ailment which for the most part baffles medical skill, with no trace of family surroundings, without the nursing atmosphere of the general hospital—the care bestowed *en bloc*, yet perhaps every patient locked within them susceptible to some stimulus of human interest and personal attention—does not the situation appeal to the humane intelligence which has rescued the care of the bodily ill from Sairy Gamp?





## LEAVES FROM THE NOTE-BOOK OF A BELLEVUE NURSE

### LECTURE II.—PREVENTION OF DISEASE

(Continued from page 355)

IMMUNITY is the power which exists in some persons to resist certain diseases. It may be either natural or artificial. Fatigue, malnutrition, or any condition which lowers the vitality lessens this resisting power.

There are three theories in regard to the body's defence against disease,—the phagocytes, the humeral, and the antitoxin.

The phagocytes are supposed to destroy or take up invading bacteria and prevent their multiplication, but in so doing they die, the dead leucocytes and bacteria being found in all suppurative matter. Thus the immunity or susceptibility of the body-cells to destroy micro-organisms.

According to the humeral theory, the fixed cells produce a substance called alexin, which destroys bacteria, and immunity is due to the property peculiar to the body-fluids of manufacturing this defensive antibacterial proteid. The phagocytes are supposed to distribute alexin.

#### ANTITOXIN.

Protoplasm in the human body is constantly changing to urea. One transitional product of this change is leucomain, an alkaline substance which is normally oxidized, but which, if absorbed by the blood, causes leucomainæmia, with its attendant nervous symptoms. The name is applied to the nitrogenous bases or alkaloids developed by the vital changes of living organisms, as distinguished from the alkaloids developed in dead tissue and called ptomaines. These ptomaines are basic in character,—some innoxious, some pathogenic, called toxins. When a bacteria produces toxins quickly and in quantity it is called virulent. Ptomaine poisoning may be from decaying vegetable or animal matter, but always from dead tissue. Poisons may be formed in active vegetable growth, as morphine, digitalis, strychnine, etc., but poisonous ptomaines are always of putrefactive origin. The gradually acquired toleration of certain drugs is not immunity. Antitoxin cannot be manufactured by some people in sufficiently large quantities to repel disease, and it is therefore introduced, as a reënforcement, into the system.

Diphtheria antitoxin is usually cultivated in the horse. Bacilli of Löffler are taken from the throat of a child suffering from diphtheria in



a severe form. In beef bouillon, which is a congenial medium, being animal matter, toxins are formed. After a suitable time this liquid is strained and part of the concentrated solution, two to four centimetres, injected into a horse. When the characteristic diphtheric symptoms which follow have entirely subsided another and larger (twice the quantity) dose is introduced, and the process is repeated until no pathological effects appear. Then blood is taken from the animal, from which the serum containing the antitoxin is separated. To test the efficiency of this, two healthy guinea-pigs are chosen, and into one of them is injected Löffler's bacilli only, into the other the bacilli and serum containing antitoxin.

If the experiment with the horse has been successful and the serum is antitoxin, the effect of the bacilli will be counteracted and the second guinea-pig will live, while the first dies with marked symptoms of diphtheria. The injection of antitoxin produces artificial immunity. Immunity may be either artificial or natural, congenital or acquired. Hygienic surroundings and habits aid materially in the repulsion of disease.

A *disinfectant* is any drug that destroys micro-organisms of contagious diseases. When bacteria are rendered impotent they are said to be sterilized. Disinfectants for the sake of convenience are divided into two principal classes—viz., Physical Agents and Chemical Agents.

#### *Physical Agents.*

(1) Heat (dry or moist); (2) Cold; (3) Light; (4) Electricity.

#### *Chemical Agents.*

(1) Acid—mineral acid, sulphuric acid; (2) Alkalies—lime, quicklime, chlorides; (3) Metallic Salts; (4) Coal-Tar Products—carbolic, creolin; (5) Miscellaneous—formaldehyde, etc.

Heat may be dry or moist; 140° F. will kill all except spore-forming bacteria. These must be boiled at 212° F. for thirty minutes, or subjected to steam at a temperature of 230°. Most bacteria are destructible at the freezing-point, typhoid and tubercular germs being exceptions. Yellow-fever bacteria are killed by mere frost. Sunlight is a good disinfectant.

Ventilation means exposure to wind, light, and air, which are essential to a patient, though a draught should never strike him. An ordinary temperature for the sick-room is 65° F., special diseases needing special variations, pulmonary affections requiring about 70° F. Children and old people should have an even temperature of 72° F.

A tallow candle is the best means of lighting a patient's room, as it consumes one-half as much oxygen and gives off one-half as much car-



bonic acid gas as a human being, while a lamp or gas-jet requires five times as much.

Hydrochloric acid and nitric acid are good preventative disinfectants, useful for children in summer complaints.

Among the most valuable of the metallic salts is bichloride of mercury, 1 to 10,000; it will not kill spore-forming bacteria, but it corrodes metals, stains linen, is poisonous, and if the object to be disinfected contains albumin, it forms an insoluble albuminate which encloses bacteria, and when the matter is thrown out the germs are liberated. This last difficulty may be obviated by adding to the bichloride solution salt or hydrochloric acid. Bichloride is decomposed by sulphuretted hydrogen or alkalies.

The chief coal-tar products are carbolic acid, creolin, and lysol. Carbolic acid in a strength of 1 to 20 kills all spores except typhoid, for which chloride of lime is the best. Carbolic does not corrode, is not influenced or decomposed like bichloride, but it is dangerously poisonous even in dilute solutions. Creolin should always be freshly made. It is mostly used in a strength of 1 to 100. Lysol in a one per cent. or two per cent. solution is a pleasant soapy disinfectant for the hands. Formaldehyde gas is a good disinfectant, formed by wood alcohol. The gas should be in the water in the strength of forty per cent.; three pints will disinfect one thousand cubic feet of air, and although not poisonous to inhale, it may be generated outside and introduced through a keyhole into a sealed room for six hours.

An *antiseptic* is any substance that destroys germs which produce sepsis or putrefaction. Peroxide of hydrogen and thymol are excellent antiseptics, though not disinfectants. *Aseptic*, without germs, as boiled water. Asepsis and antiseptics was introduced by Lord Lister, a Scotch doctor, who reduced the death-rate of operative cases (from 1864 to 1869) from forty-five per cent. to three-tenths of one per cent.

#### DEODORANTS.

Bacteria acting on proteids produce offensive gases. These may be deodorized by chloride or bromine. The latter is irritating to the respiratory tract and the bottle should be opened under water (one ounce bromide to three gallons of water). Stir well and sprinkle about the room.

Sulphate of iron and chloride of zinc are both good deodorants, and also act as disinfectants. Permanganate of potash is also a deodorant and antiseptic.

(To be continued.)



## THE TREATMENT AND NURSING OF A SURGICAL CASE IN THE YEAR 1569 \*

[Nurses as well as physicians must be absorbed in the wonderfully interesting life and work of the famous French surgeon of the sixteenth century, from which we extract the following.—ED.]

THE Duke of Ascot had sent to the King of France, humbly asking he would do him so much kindness and honor as to permit and command his chief surgeon (Paré) to visit M. le Marquis d'Auret, his brother, who had received a gunshot wound of the knee, with fracture of the bone, about seven months ago, and the physicians and surgeons all this time had been unable to heal him.

The King sent Paré, whose narrative follows:

"I found him (the patient) in a high fever, his eyes deep sunken, with a moribund and yellowish face, his tongue dry and parched, and the whole body much wasted and lean, the voice low, as of a man near death; and I found his thigh much inflamed, suppurating, and ulcerated, discharging a greenish and very offensive sanies. I probed it with a silver probe, wherewith I found a large cavity in the middle of the thigh and others round the knee, sanious and cuniculate; also several scales of bone, some loose, others not. The leg was greatly swelled and imbued with a pituitous humor . . . and bent and drawn back. There was a large bed sore; he could rest neither day nor night, and had no appetite to eat, but very thirsty. I was told he often fell into a faintness of the heart, and sometimes as in epilepsy; and often he felt sick, with such trembling he could not raise his hands to his mouth. . . .

"Having seen him, I went a walk in the garden, and prayed God He would show me this grace, that he should recover: and that He would bless our hands and medicaments, to fight such a complication of diseases. I discussed in my mind the means I must take to do this. They called me to dinner. I came into the kitchen, and there I saw, taken out of the great pot, half a sheep, a quarter of veal, three great pieces of beef, two fowls, and a very big piece of bacon, with abundance of good herbs; then I said to myself that the broth of the pot would be full of juices and very nourishing.

"After dinner we began our consultation, all the physicians and surgeons together, in the presence of M. le Duc d'Ascot and some gentlemen who were with him. I began to say to the surgeons that I was astonished they had not made incisions in the patient's thigh, seeing

\* An extract from "Ambroise Paré and His Times" (1510-1590), by Stephen Paget. G. P. Putnam's Sons.



that it was all suppurating, and the thick matter in it very foetid and offensive, showing it had long been pent up there, and that I had found with the probe caries of the bone, and scales of bone, which were already loose. They answered me, ‘Never would he consent to it;’ indeed, it was near two months since they had been able to get leave to put clean sheets on his bed, and one scarcely dared to touch the coverlet, so great was his pain. Then I said, ‘To heal him, we must touch something else than the coverlet of his bed.’

“Each said what he thought of the malady of the patient, and in conclusion all held it hopeless. I told them there was still some hope, because he was young, and God and Nature sometimes do things which seem to physicians and surgeons impossible. . . .

“To restore the warmth and nourishment of the body, general frictions must be made with hot cloths above, below, to right, to left, and around, to draw the blood and the vital spirits from within outward. . . . For the bed sore, he must be put in a fresh, soft bed, with clean shirt and sheets. . . . Having discoursed of the causes and complications of his malady, I said we must cure them by their contraries, and must first ease the pain, making openings in the thigh to let out the matter. . . . Secondly, having regard to the great swelling and coldness of the limb, we must apply hot bricks around it, and sprinkle them with a decoction of nerval herbs in wine and vinegar, and wrap them in napkins; and to his feet, an earthenware bottle filled with the decoction, corked, and wrapped in cloths. Then the thigh, and the whole of the leg, must be fomented with a decoction made of sage, rosemary, thyme, lavender, flowers of chamomile and melilot, red roses boiled in white wine, with a drying-powder made of oak-ashes and a little vinegar and half a handful of salt. . . .

“Thirdly, we must apply to the bed sore a large plaster made of the desiccative red ointment and of *Unguentum Comitissæ*, equal parts, mixed together, to ease his pain and dry the ulcer; and he must have a little pillow of down, to keep all pressure off it, . . . and for the strengthening of his heart we must apply over it a refrigerant of oil of water-lilies, ointment of roses, and a little saffron, dissolved in rose-vinegar and treacle, spread on a piece of red cloth.

“For the syncope, from the exhaustion of the natural forces, troubling the brain, he must have good nourishment full of juices, as raw eggs, plums stewed in wine and sugar, broth of the meat of the great pot, whereof I have already spoken; the white meat of fowls, partridges’ wings minced small, and other roast meats easy to digest, as veal, kid, pigeons, partridges, thrushes, and the like, with sauce of orange, verjuice, sorrel, sharp pomegranates; or he may have them boiled, with



good herbs, as lettuce, purslain, chicory, bugloss, marigold, and the like. At night he can take barley-water, with juice of sorrel and of water-lilies, of each two ounces, with four or five grains of opium [in Parét's time the "grain" was literally "a barley-corn or grain" in weight], and the four cold seeds crushed, of each half an ounce; which is a good remedy and will make him sleep. His bread to be farm-house bread, neither too stale nor too fresh.

"For the great pain in his head, his hair must be cut, and his head rubbed with rose-vinegar just warm, and a double cloth steeped in it and put there; also a forehead-cloth of oil of roses and water-lilies and poppies, and a little opium and rose-vinegar, with a little camphor, and changed from time to time. Moreover, we must allow him to smell flowers of henbane and water-lilies, bruised with vinegar and rose-water, with a little camphor, all wrapped in a handkerchief, to be held some time to his nose.

"And we must make artificial rain, pouring the water from some high place into a cauldron, that he may hear the sound of it, by which means sleep shall be provoked on him.

"As for the contraction of his leg, there is hope of righting it when we have let out the pus and other humors pent up in the thigh, and have rubbed the whole knee with ointment of mallows, and oil of lilies, and a little eau-de-vie, and wrapped it in black wool with the grease left in it; and if we put under the knee a feather pillow doubled, little by little we shall straighten the leg.

"This my discourse was well approved by the physicians and surgeons.

"The consultation ended, we went back to the patient, and I made three openings in his thigh. . . . Two or three hours later I got a bed made near his old one, with fair white sheets on it; then a strong man put him in it, and he was thankful to be taken out of his foul stinking bed.

"Soon after he asked to sleep; which he did for near four hours; and everybody in the house began to feel happy, and especially M. le Duc d'Ascot, his brother.

"The following days I made injections into the depth and cavities of the ulcers, of *Ægyptiacum* dissolved sometimes in eau-de-vie, other times in wine. I applied compresses to the bottom of the sinuous tracks, to cleanse and dry the soft spongy flesh, and hollow leaden tents, that the sanies might always have a way out; and above them a large plaster of *Diacalcitheos* dissolved in wine. And I bandaged him so skilfully that he had no pain; and when the pain was gone the fever began at once to abate. Then I gave him wine to drink moderately tempered



with water, knowing it would restore and quicken the vital forces. And all that we agreed in consultation was done in due time and order; and so soon as his pains and fevers ceased, he began steadily to amend. . . . Now, I stopped there about two months. . . . Then, when I saw him beginning to be well, I told him he must have viols and violins, and a buffoon to make him laugh, which he did. In one month we got him into a chair, and he had himself carried about in his garden and at the door of his chateau, to see everybody passing by. . . . In six weeks he began to stand a little on crutches, and to put on fat and get a good natural color. . . .”

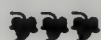
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THE ANCIENTS' HOSPITALS.—A very interesting and pleasing discovery is announced from Baden, near Zurich. The learned have been discussing for ages whether anything in the way of hospitals was known to the ancients; it is not to be said that they have been disputing, for there was not material enough hitherto to support a lively argument. One might read the whole volume of Greek and Roman literature carefully without noticing one passage that could be interpreted as an allusion to a hospital. The works of Hippocrates would not have failed to speak of them, surely, if any existed, but nothing is there beyond a reference to the notes of “cases” observed in the Temple of Æsculapius. So it is generally assumed that there were no hospitals in those days; the Æslepiea were “baths” with massage treatment. Scholars who hold to the other opinion can adduce only hints in its favor.

But now we hear that one has actually been discovered at Baden containing “fourteen rooms, supplied with many kinds of medical, pharmaceutical, and surgical apparatus, probes, tubes, pincers, cauterizing instruments, and even a collection of safety-pins for bandaging wounds.” But these things are familiar. “There are also medicine-spoons in bone and silver, measuring-vessels, jars and pots for ointment, some still containing traces of the ointment used.” The latest date of the coins found appears to be the reign of Hadrian. Probably it was a military hospital, for this was the station of the Seventh and Eighth Legions. But the find is certainly not less interesting on that account, for the army medical service of Rome and Greece is one of the deepest mysteries of archæology. Cæsar refers only once to his regimental surgeons—is there a single distinct allusion elsewhere? We hail with puzzled gratitude the casual remark of Xenophon that the Spartans sent their doctors to the rear when a fight impended, but we look vainly for more information from him or anybody else.—*Paris Messenger*.



## BOOK REVIEWS



FIRST AID TO THE INJURED AND SICK. Warwick-Tunstall. W. B. Saunders & Company.

This volume on First Aid, prepared by two English surgeons of large experience, is of high merit, far surpassing similar works in several particulars. For instance, its anatomical and physiological chapters, though absolutely concise, are so full and detailed and so generously illustrated as to form a really valuable reference-book or anatomical dictionary. The application of bandages also is amply illustrated and completely dealt with; the chapters on emergencies of all kinds are more thorough in their details than any we remember. No point, even the smallest, has been overlooked, and the paragraphing and differences of type-setting give the best possible arrangement for clearness and orderliness of sequence in instruction. The transport of sick and injured is copiously illustrated and scientifically treated according to the newest and most approved methods. The book ends with an excellent chapter on "Preparation for the Reception of a Case of Accident or Sudden Illness." Although this book may be advantageously studied by the intelligent layman, yet it is by no means a "popular" work, and its extremely concise and technical wording, the necessarily small print, and its general look of scientific accuracy will discourage any but serious workers.

THE CHILDREN'S HEALTH. By Florence Hull Winterburn. The Baker & Taylor Co., New York.

This book is addressed to parents, and does not discourse of sick children, but of well ones and how to keep them well. It is written by a mother, of kindergarten training and of most tender heart combined with wise head and broad intelligence. It is a book which nurses should recommend as widely as possible in following their work from one family into another. Does not the true nurse's heart often ache as she witnesses the neglect of health, the ignorance of mothers in the ordinary care of children, and the repression of childlike buoyancy and spontaneity which she is unable to alter? Mrs. Winterburn's book is not simply the usual collection of first principles in sanitation, but a most thoughtful and wise study of the child character, emotions, nervous and psychological life and intellectual activities, all combining to make up the complete child for health or for disease.

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### BOOKS TO READ TO PATIENTS

"GUESS." By L. J. Bridgeman. Printed by H. M. Caldwell & Co. Price ninety-five cents.

"Guess" is an altogether fascinating child's book of riddles, the arrangement of question and answer being a novel one. On the right-hand page is the riddle, always in verse surrounded by an illustrated border. You turn the page, and there is a full-page picture giving the answer. Here is an example:



"The finest fruit you ever saw  
Grows on a tree I know;  
The tree has neither roots nor soil,  
At night its blossoms glow.  
It does not need the garden air,  
But bears its fruit quite thickly  
When in the shelter of a house,  
And sheds it quite as thickly."

Turn the page, and behold! a Christmas-tree.  
The verses are all good, the printing and colors are delightful.  
Another child's book is

**THE ALPHABET OF WILD-FLOWERS.** By Gertrude Kelley. Printed by the Jamison Higgins Co. Price, seventy-five cents.

Each page has a colored print of a flower very well done. The opposite page has a concise and interesting account of the way the flower got its name, its season of blooming, its locality, and usually one or two historical facts in which it figures.

Both these books are much above the average of children's books, and are of the sort to be read again and again.

**THE RULING PASSION.** By Henry Van Dyke.

The author's name is so well known that it alone would recommend the book of short stories published under this title. While most of them are in a minor key, there is also abundant humor, and all are full of the wind, the sun, the outside world Van Dyke so keenly feels and so vividly renders. Among these idyls of hunters, voyageurs, and villagers is a dog-story no dog-lover should miss.

**THE BENEFACTRESS.** By the author of "Elizabeth and Her German Garden."

No one who remembers the dear German garden can be disappointed in the last of "Elizabeth's" books, though it is as different as possible from the charming April-day moods of the "Garden" and the "Solitary Summer."

"The Benefactress" is a much more serious bit of work, both in its motive and style, but the same happy gift of tempering the prose of life with delicious humor, the same half-kindly, half-cynical, but wholly amusing character-sketching are here.

No one who has tried, even unconsciously and on a small scale, to be a "Benefactress" can fail to thank Elizabeth for saying the things one has perhaps tried, guiltily, not to think about the benefited. But all ends well in the good old-fashioned way.





# NOTES FROM THE MEDICAL PRESS

IN CHARGE OF

ELIZABETH ROBINSON SCOVIL



UNNOTICED FRACTURES IN CHILDREN.—Dr. F. H. Cotton and Dr. R. H. Vose, of Boston, have written a paper in the *Boston Medical Journal* on fractures in children which may readily be overlooked because of the comparative absence of symptoms. There is apt to be little or no displacement in these cases and slight pain.

There is nearly always some difference in the use of the limb on the two sides or the motion of the injured one is limited. With a fractured clavicle, for instance, if the child is asked to raise both arms, he lifts one hardly more than half as high as the other, though it does not seem to pain him and he will permit it to be lifted without difficulty.

In small children when there is a history of fall or other violence, and especially when the arm or shoulder is involved, the only safe way seems to be to assume a fracture as probable until every inch of bone has been carefully gone over. On pressure a localized tenderness, slight but definite, may reveal the presence of a fracture.

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THE MENTAL STATE OF HYSTERICALS.—A book with this title, a translation from the French of Pierre Janet, M.D., by Caroline Rollin Corson, is reviewed in the *Boston Medical Journal*. It is said that in these works Janet demonstrated more fully and completely than had before been done that the various hysterical symptoms were due to abnormalities of the mental state, that sensations actually reached the brain, but that they were in part ignored by the patient owing to a limitation of the field of consciousness. In this way he explained many anomalies and peculiarities of the hysterical phenomena which had previously seemed contradictory and had often caused the hysterical patient to be regarded as a barefaced simulator.

Since the publication of these works Janet's theories have been confirmed by the observations of many independent investigators both in Europe and America.

Nurses are perhaps especially prone to underestimate the sufferings of hysterical patients and to forget that they are very real to the sufferer. They should bear in mind that hysteria is the manifestation of an abnormal condition, and it is to be dealt with by proper treatment, not that with a covert sneer and the conviction that the patient could help it if she chose, which, as it arises from causes outside her control, is manifestly impossible.

It is true that the will-power of the patient may be exerted so as to help in her relief, if not in her cure, and the nurse may properly endeavor to call this into action; but she must never lose sight of the fact that she is dealing with a diseased condition of nerves and mind as real as if the person were afflicted with typhoid-fever.



THE WORSTED TRUSS.—J. T. Hubbard says in *The Annals of Surgery*: “No truss for the retention and cure of hernia in children is any better than a skein of worsted. As a rule, a whole skein is too bulky and should be halved. It is applied by placing the loop over the external abdominal ring, passing the skein across the abdomen to the left, horizontally across the back, thence forward over the right loin and groin to the ring, through the loop already there, over the internal surface of the thigh and perineum, upward over the buttock to meet the horizontal reach across the back, to which it is tied after the hernia has been replaced and the truss tightened to retain it.

“This truss irritates the skin only when soiled, can be washed repeatedly until its softness and elasticity are gone, and is renewable at very moderate cost.

“As in the case of all truss treatment in hernias, the watchfulness of the mother is as much a factor in the result as anything else. In about two-thirds of the cases so treated cure or improvement has resulted. In the others operation was efficacious.”

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ARTIFICIAL MILK.—Dr. Louis Kolipinski in a paper in the *Medical News* says that an artificial milk, presumably for the use of adults, should approximately represent all the component parts of real milk, and should be cheap, readily prepared, and palatable. He gives the following formula:

Extract of malt (syrupy), one tablespoonful; olive oil, one tablespoonful; roasted flour, two tablespoonfuls; one broken raw egg. Beat in a bowl with a spoon or egg-beater for three or four minutes. Add by degrees while stirring a tumblerful of pure, cold water; season with table salt. To be taken one or two hours after meals. In hot weather add crushed ice, or prepare the whole in a milk-shaker.

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PREVENTION OF MAMMARY ABSCESS.—The New York *Medical Journal* quotes from one of its foreign exchanges a paragraph on suppuration of the breast, in which it says that this painful condition may in many cases be prevented by careful asepsis thoroughly carried out. Müry, of Basel, for about ten years past has had good results from keeping the nipples moistened with a four per cent. solution of boric acid and having the nipples and the child's mouth washed with this solution before each nursing. By this simple treatment the occurrence of breast abscesses has been reduced from 1.45 to 0.22 per cent. of the cases of confinement.

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DISINFECTION.—Dr. William M. Welch in a letter to the Philadelphia *Medical Journal*, in reply to a letter asking for the best method to disinfect rooms after small-pox, says:

“Every article in the room of no great value should be burned. Articles which will not be injured by water can be disinfected safely and cheaply by immersing them in boiling water for thirty minutes and then subjecting them to the usual processes of the laundry. If this cannot be done at once, the articles should be immersed for four hours in a reliable disinfectant, as mercuric chloride 1 to 2000, or carbolic acid 1 to 50, and subsequently boiled. For the disinfection of woollen clothing, carpets, bedding, etc., there is nothing equal to steam under pressure. All pathogenic germs will certainly perish if exposed to a temperature of 230° to 250° F. When this process cannot be carried out for want of proper facilities the articles named with the exception of the carpet, which may remain on the floor, should be hung up in the room and subjected to the influence of



formaldehyde. The formalin may be diluted with two parts of water and used in a large atomizer such as is used for spraying garden plants. Take one pint of formalin to every one thousand cubic feet of air-space. The room should be as tightly sealed as possible and left closed for twelve hours.

"This method was adopted by the Philadelphia Board of Health and proved to be efficacious by means of culture-tests. When this process is finished and the room opened and ventilated, all surfaces and furniture should be washed with a disinfecting solution; the floor and woodwork thoroughly scrubbed with soap and water; the wall-paper moistened with carbolic acid solution, scraped off, and burned. The walls may be repapered, painted, or whitewashed."

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HISTORY OF THE CLINICAL THERMOMETER.—*The Journal of the American Medical Association* says that Currie, of Edinburgh, employed a thermometer in the treatment of typhoid-fever patients with the cold douche as early as 1797. He was ridiculed by his German contemporaries as an instance of medical decay in English medicine. The first clinical application of the thermometer was made by Sanctorius, of Padua. He invented a thermometer open at the end, which, after being held by the patient, was plunged into cold water. Boerhave taught the importance of the thermometer. De Haen—1704 to 1776—must be given the honor of introducing the thermometer into current use at the bedside. It was not until 1850 to 1870 that it came into general use, mostly through the studies of Traube and Wunderlich on temperature in disease.

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VALUE OF DEEP INSPIRATIONS.—*The Philadelphia Medical Journal* quotes from a foreign exchange as follows: "Hauptmann describes his trip from Hock to Harwich and his success in combating nausea and vomiting by deep inspirations. He also calls attention to the fact that if in bleeding from the nose the patient takes deep inspirations through the nose and expires vigorously through the mouth the bleeding will often stop. This method is also of value in hic-coughing and in various forms of nausea."

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DRUGS IN TYPHOID-FEVER.—It is said that the Johns Hopkins Hospital uses no drugs in typhoid-fever, and has a larger percentage of cures than any other hospital in the country.

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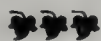
It is reported that two women have passed their state examination and hence are regular practising physicians of Germany. These are the first women to receive this honor, hence the event is of some interest. These two Berlin women, graduates of Halle University, have fulfilled all the legal requirements for a physician, and have studied the entire course in Germany. German women who have studied medicine have previously ranked as "heilkünstler," not as regular physicians.—*Albany Medical Annals*.

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IN a life of Pasteur, published in Paris, attention is called to the fact that the man who was destined to revolutionize chemistry came in fourteenth in the list of twenty-two candidates at his high school in Dijon, and was marked "weak" in chemistry. His researches in regard to the disease of silkworms are said to have been the means of saving France a sum equal to that paid to Germany as the price of peace. He made no attempt to obtain a legitimate profit from the commercial application of his labors.—*American Medicine*.



# HOSPITAL AND TRAINING-SCHOOL ITEMS



## HOSPITALS

THE Cosmopolitan Hospital Association of Manila, P. I., has been formed for the purpose of erecting a large private institution for the care of paying patients, with which is to be connected a training-school for nurses, also a diet-kitchen which will supply diets to patients in their homes when necessary. A system of hourly and weekly nursing will be maintained also for home service. The hospital is to have one hundred beds, and the building is to be modern in every detail. The woman's hospital, started by Mrs. Whitelaw Reid, is to be incorporated into the new hospital, and the superintendent, Miss Mary E. Macdonald, of the Bellevue Training-School, with the following staff of nurses of the Woman's Hospital, will continue their work in the Metropolitan Hospital: Miss Mary A. Welsh, Miss Louise I. Mount, Miss Mary L. McCormick, Miss Effie H. Wolfe, Miss Emma Church.

We quote the following from the prospectus of the hospital, which has been issued:

"It is the trained surgical nurse who performs the most difficult and pain-taking task when she prepares for an operation," Dr. Senn says. "It is the trained nurse who fights more than half the battle, and who, as a rule, receives so little credit for her work. Her place is in every operating-room at the present time, and it is she who hands the surgeon the faultless knife when everything is in readiness to begin the operation." . . . "This part of surgical work is woman's special sphere. Her pride and satisfaction in the success of an operation are equal to those of the operator. Her keen sense of duty, her quick eye and sensitive ear, her delicate hands and fingers, and her appreciation of cleanliness and an instinctive aseptic conscience make her what she is—*the surgeon's right hand*. Such nurses are now in Manila ready to take up this work in the new hospital, and before long, it is hoped, they will be found in every large city of the Archipelago." . . . "It will no longer be necessary to return to the States or go to Europe for major surgical operations, as has been the custom in the past."

CHAPTER 230, Section 3690, General Statutes of Connecticut, reads as follows:

"The managers, trustees, or directors of any inebriate asylum established by the laws of this State may receive any inebriate or dipsomaniac who shall apply and be received into such an asylum, retain him one year, and treat and restrain him in the same manner as if committed by the Probate Court."

By signing an application form like the following a patient places himself under voluntary restraint:

"I, \_\_\_\_\_, hereby voluntarily apply for care and treatment at \_\_\_\_\_ as a patient for inebriety and drug addiction, and I agree to observe the rules and regulations and not to leave the grounds of said \_\_\_\_\_ without written permission from the physician in charge of \_\_\_\_\_, and I authorize the physician in charge of \_\_\_\_\_ to restrain me, if necessary, in such manner as seems advisable by him."



A NUMBER of New York women interested in the care of working women and children are raising money to conduct a model sanatorium for cases of incipient phthisis found among them. Both married and single wage-earning women will be received, and children, including boys under twelve. "Stony Wold," as the sanatorium is named, is to be in the Adirondacks, in a beautiful region, and will be built in the style of the Massachusetts State Sanatorium, which is considered a perfect model, being built on the half-circle, so that sunlight reaches every room. The saleswomen in some of the large stores have asked for dime albums that they may collect enough money for a room of their own. Annual subscriptions, however small, are earnestly desired, as the support of the institution must be considered even before the buildings are erected. Applications for admission to the sanatorium are coming in daily.

THE most notable event of the month in the hospital world has been the opening of the new building of the Society of the Lying-in Hospital, which occupies the entire block between Seventeenth and Eighteenth Streets on Second Avenue in New York City. This hospital accommodates two hundred and fifty patients, and in its equipment contains every known improvement, with many original devices, to facilitate the most perfect care of the sick. The nursing department is in charge of Miss Burdette, graduate of St. Luke's, New York, and the nurses are pupils from the leading training-schools of the country, who are to serve three months of the three-year term at this hospital, where they are to be given both indoor and outdoor service. The new building is the gift of Mr. Pierpont Morgan, and undoubtedly is the most perfect in plan and in the detail of equipment of any in this country.

WE understand that the Board of Women Managers of the Paterson General Hospital, N. J., have turned over the executive control of the hospital to a board of men trustees. The hospital was built by the women's board, and they have carried it on for more than thirty years, but with the increase of the plant, necessitating such a great outlay of money each year, the women have found it difficult to manage the finances, and have been obliged to put the management of the institution into the hands of business men, retaining their interest as an advisory board. We wish in the reorganization a number of women might have been retained as members of the new board of trustees, for we believe that in the future the best work for our public institutions will be done by men and women working together as members of one board.

THE formal opening of the Royal Alexandra Hospital, Fergus, Ont., took place on January 15 under very pleasant auspices. The new institution is declared by medical authorities to be probably one of the finest of the kind in Canada. The building accommodates seventy-five patients, and is modern in every detail of equipment. The lady superintendent, Miss J. J. Cunningham, is a native of Fergus, but is a graduate of the Training-School of the City Hospital, Rochester, N. Y., and a woman of recognized ability.

MAYOR LOW announced, January 20, the appointment of the Board of Trustees of Bellevue and allied hospitals, which Board was created by the revised charter. Under the law the jurisdiction over Bellevue, Harlem, Gouverneur, Fordham, and the Emergency Hospitals is taken away from the Department of Public Charities and lodged in the new board.

MR. J. PIERPONT MORGAN has promised to give five thousand pounds to Guy's Hospital, London, on condition that the public will raise one hundred thousand pounds, which is required for the renovation and extension of the hospital.



**TRAINING-SCHOOL NOTES**

ST. TIMOTHY'S HOSPITAL, Roxborough, Pa., has in the past two years almost doubled its capacity, and has increased the nurses' training to three years with a well-graded course of lectures. At the commencement just held the address to the nurses was given by Dr. M. Howard Fussell, of the University of Pennsylvania, who spoke of the constant improvement going on in school and hospital as being an incentive to the nurse to continue the work of education through her life for her profession's sake. Dr. Fussell advised the graduates to enter into association with others, to read, to take the nursing journals, and to practise careful note-taking and record-keeping, saying, "These notes will be of much value to you, not only for reference, but, if you want to write on any subject pertaining to nursing,—and you should learn to write,—they will serve as notes on which to found your remarks."

THE graduating exercises of the Salem Hospital Training-School were held in the reception-room of the hospital on the afternoon of January 24. Dr. Fessenden, president of the medical staff, delivered an address of much value to the seniors, followed by Rev. DeWitt S. Clark, who gave a most interesting talk, closing the same by reading most effectively the touching little poem of Tennyson, "In the Children's Hospital." Dr. Fessenden then presented the diplomas, accompanying the presentation of each with an original verse, bright and clever, to the four seniors, Misses Blanchard, Manague, Hayes, and Seccombe. Dr. Clark made the closing prayer. A social hour followed and light refreshments were served.

THE graduating exercises of the Bradford (Pa.) Hospital were held in January. There were appropriate exercises, the principal address being given by Dr. Roswell Park, of Buffalo. Diplomas were given to the following graduates: Harriet L. Benson, Grace H. Lockwood, 1900; Grace A. Carroll, Elizabeth M. Snyder, Anna G. McCain, Mabel M. Mueller, and Elizabeth G. Wilson, 1901, who with Mrs. M. M. Davis, the superintendent, occupied seats on the platform, which had been beautifully decorated with plants and flowers. The class presented an attractive appearance in their neat hospital attire.

MISS ETHEL CLAY, of Pottstown, and a recent graduate of the Training-School of the University of Pennsylvania, Philadelphia, has taken charge of the Reading Hospital, Reading, Pa. This is a general hospital of sixty-five beds, and has a small training-school. Last year the hospital authorities built and equipped a Nurses' Home, which was much needed. Previous to that time the nurses' dormitories were in the attic of the hospital.

MISS EMMA L. STONE has recently accepted the position of superintendent of nurses of the Connecticut Training-School connected with the New Haven Hospital, Conn. Miss Stone is a graduate of the Boston City Hospital School, where she remained as assistant for some time, and for eleven years was in charge of the Nursing School of the Rhode Island Hospital of Providence, R. I.

MISS MARY E. PEARSON, who has been associated with Miss Hibbard at St. Isabel Hospital, Matanzas, Cuba, for the past year, has been placed temporarily in charge of the nursing at the Los Animas Hospital, Havana.



# THE GUILD OF ST. BARNABAS

IN CHARGE OF

S. M. DURAND

Public Library, Boston



## GOOD FRIDAY

HERE is a day made good by pain, a demonstration of pain as a good thing. The four evangelists tell the details of our Lord's final sufferings with a fulness not approached in the rest of their story. Yet *Good Friday*, because the Lamb of God taketh away the sin of the world.

The believer in these facts, the Christian, gets a wonderful meaning for his own pain and loss. The good of Christ's pain was that it was for others, for ourselves—willed so by the Father and accepted so by the Son. Christ's love for the Father and for us made the atoning pain and death a joy to Him, who for the joy that was set before Him, the joy of saving His people from their sins, endured the cross, despising the shame. That we are made for pain means that we are made for love and for the joy of giving. When God asks a costly sacrifice from one, what He is really asking is that pitch of love that will make the sacrifice a willing gift, short of which we are short of the nobility of our nature. Words cannot bring this thought home, perhaps, but meditation on the Lord's passion can, and that is what Good Friday is for.

Nurses see a good deal of pain, but would surely say they see much cheerful endurance, pain well borne. There is much goodness as well as suffering concentrated in a hospital, thank God! It all means that pain is playing its part in the redemption of mankind. What is well suffered in Christ's body, the Church, goes for the good of the whole body, drawing down benediction on the whole like intercessory prayer, and even working for the salvation of all. Oh! the trembling joy to the sufferer in the thought of this—in mysterious coöperation with the sacrifice of the cross. I fill up that which is behind of the afflictions of Christ in my flesh for His body's sake, which is the Church.

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## HARTFORD, CONN.

THE December meeting of the guild was held on January 11. The service was at Trinity Church at three o'clock. The lesson was Isaiah xl., and Psalms xci. and xcii. were read. The chaplain began his address by speaking of this fortieth chapter of Isaiah as the beginning of the latter part of the book, which forms a most wonderful book in itself. Dr. Hart dwelt upon the four wonderful words—*learn, comfort, patience*, and at the end *hope*. It is a blessed thing that we in this guild are joined together in the promise of trying to find each day the opportunity of reading at least a few verses of Holy Scripture, gathering every day from the lesson read inspiration and comfort and encouragement in our Christian lives from reading of what our Lord or His apostles said or did. In closing he spoke with deep feeling of the Rev. C. G. Bristol, our priest associate, who after a short but painful illness was taken to his rest in Paradise



on the Festival of St. Andrew, and he asked our prayers for his bereaved family and friends. He also asked the prayers of the guild for the Rev. Mr. Brent, and spoke most warmly of Mr. Brent's services for the guild among young men, and of his peculiar fitness for the work to which he has been called. Following the address he read the prayers for those in affliction, and for one who is to be consecrated for the office of a bishop in the Church of God.

At the business meeting the chaplain was asked to prepare for the family of the Rev. Mr. Bristol and for publication in the JOURNAL an expression of appreciation of what Mr. Bristol has been to the guild and of our sorrow and our sympathy for his family. He was also asked to convey to Mr. Brent our greetings and hearty good-wishes.

Miss Pilgard, the delegate to the council in Chicago, read a very interesting account of the meeting there. She also told of going the rounds during her calls of one morning with one of the nurses of the Visiting Nurse Association of Chicago, who was no other than our own Miss Twichell.

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#### NEWPORT BRANCH

THE Newport Branch, the youngest of St. Barnabas's guilds, has its regular meeting on the second Thursday of every month, services being held in Kay Chapel or St. George's Church. Though our membership is small, it is in very good proportion to the number of nurses living here.

We are all much interested in one of our members, Miss Hazen, who has recently returned from the Emergency Hospital, where she spent several weeks taking care of the small-pox cases, for which work she courageously volunteered, as several other nurses did. We hope to see her at our next meeting.

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#### NEW HAVEN BRANCH

THE New Haven Branch of St. Barnabas's Guild held a meeting at the home of one of our associates, Mrs. F. E. Lewis, December 6. The business meeting was followed by a short talk by Dr. Lines on the General Convention in San Francisco. We were glad to welcome Miss Ives, who has resumed her work after a long illness, also Miss Belser, who has recovered from a long siege of typhoid fever. Miss Alice Sherwood's address is changed from New York City to Mill Plain, Southport, Conn., where she has gone for a much needed rest.

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#### NEW YORK BRANCH

THE New York Branch has adopted the following method of holding its meetings: Religious services to be held monthly, but as this is sometimes impossible due notice of holding or postponing these meetings is sent to each member monthly. The business meetings are hereafter to be held every three months, making but three a year, counting out the summer months, when no meetings are held.

The Executive Committee, consisting of Mrs. Gardner, Mrs. Crane, Mrs. Hall, Mrs. Gallant, and Dr. Morgan, Misses Allan, Golding, Linton, Carson, and Mrs. King, is to meet monthly. This committee is planning to increase the sick fund by some kind of winter work to be suggested at the March meeting.



## ORANGE, N. J.

OUR regular meeting fell on the day immediately following Christmas Day, and for the first time at this season we were welcomed by our chaplain to Grace Church, Orange, of which he is the rector. He chose to combine a few words of cordial welcome with thoughts that were appropriate to the season, giving us as a final suggestion to carry away with us that as the Son of God had put off immortality to take our mortal nature, so we must ever remember that our bodies were the "mortal vesture of an immortal soul." Five new members were received. We adjourned for our business and social time to the new memorial Parish House. Although still unfinished, it was fitting that the very first assemblage should have been the "Guild of St. Barnabas," as it is being erected in memory of a beloved associate. The attendance was unusually large. The room had been decorated with evergreens, and the tea-table carried out the Christmas coloring in a beautiful bunch of Jaqueminot roses, delicious refreshments being served by Mrs. L. V. Sutherland and Mrs. J. Allen. On January 4 we went by invitation to Christ Church, East Orange, and enjoyed an organ recital given by Mr. J. Pleasants, organist of that church. We must not forget to mention and thank our chaplain for his Christmas letter to us this year. We can well believe he finds it hard to say something quite fresh each year, yet he never fails to say the right thing.

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## PHILADELPHIA BRANCH

THE Philadelphia Branch has lost several members by marriage,—Miss Emily Wright Bacon, who married Mr. J. C. Cunningham and is living at the St. Charles Hotel, New Orleans, La.; Miss Struthers, who is now Mrs. Foster, of Mauch Chunk, Pa.; Mrs. G. Baines, who was formerly Miss Mary Clymer, is living in Philadelphia and is keeping up her interest in the guild.

We have gained Miss C. E. Perkins, who was an active associate of the Allegheny Branch. Miss Thompson and Miss Belle Struble were received at the last meeting.

We have in prospect the pleasure of entertaining the guild at its annual meeting next November.

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## TRINITY BRANCH, CHICAGO

THE regular monthly meeting of the Guild of St. Barnabas was held in the Parish House Monday, January 6. There were about thirty members present. The Rev. N. N. Wilson conducted the meeting. The names of the new members were read and voted on. All were unanimously elected. Dr. Claggett then proposed that hereafter all nurses applying for membership to the guild should be given a certain form of application blank to fill out; this blank then must be sent to the secretary before the next meeting. After some discussion the motion was carried.

After the close of the business part of the meeting a very pleasant social hour was spent. As it was Twelfth-Night, Dr. Wilson gave a short, interesting account of the origin of the term and of the different customs connected with the day, reminding us of what the Epiphany represented to the Gentile world and speaking of its beauty and importance to all Christians. Games followed Dr. Wilson's address, and the pleasant evening was concluded with refreshments furnished by the associates, in which a generous and genuine Twelfth-Night cake bore an important part.



# PRACTICAL HINTS



## BURNS

NURSING subjects have been so thrashed out and sifted that there appears to be little left to write about, but one old variety of surgical nursing has not received much attention from the journals of late, and to us it is a variety most interesting, as we have so much of it. I allude to burns, the dreaded cases of the hospital wards.

In this out-of-the-way island, what to us seems comparatively new treatment may be a "back number" to the city nurse; but I will risk the probability of telling her something she already knows in order to induce "some of her" to describe the method of treatment practised in her hospital.

We are situated in a district of coal-mines and iron-works, and the burns are caused by slag (the refuse from iron, I understand) or by gas explosions or by boiling water. Whatever the material used in getting the burn, the treatment in getting rid of it is practically the same—I mean the local treatment.

After the limb or burnt area has been freed from charred skin, coal-dust, cinders, sand, and other débris with sterilized water or a boric acid solution, it is wrapped in gauze soaked in a saturated solution of picric acid, then covered closely with absorbent cotton and bandaged. In a few days, when the inflammation has subsided and any sloughing has ceased, an antiseptic ointment is applied.

We have had wonderfully good results with the following formula:

R Pulvis amyli, two drachms;  
Zinci oxidi, two drachms;  
Mercurialis, fifteen grains;  
Chlorotonis, one-half drachm;  
Petrolatum, one ounce.

In one instance an Italian boy extensively scalded was perfectly healed in three weeks with the above ointment.

Nurses who remember the "good old days" of carron oil and the offensive odor from the unfortunates on whom it was employed must welcome any application less disgusting and more efficacious. With the use of picric acid there is no offensive odor from burns and, except at time of dressing, very little pain.

The only objection to its use is its staining quality. It is a veritable indelible dye, and bedding must be well protected. Plenty of vaseline should be rubbed on the hands before dipping them in the solution, otherwise lemon-colored fingers will annoy the fastidious nurse for many days.

I am sure newer methods of treating these painful wounds must be used in the large city hospitals, and I hope some nurses will be good enough to give through the pages of THE AMERICAN JOURNAL OF NURSING the treatment they are accustomed to see employed.

Of the many serious cases which we have had during the past year only one resulted fatally, and that was from duodenal ulcer when the burns were almost healed.

In this small hospital immersion in water would not be practicable. I have never been fortunate enough to see this treatment employed, and if any nurse



will describe the method with results, beneficial or otherwise, I am sure other isolated nurses besides myself will appreciate the information. E. A. D.

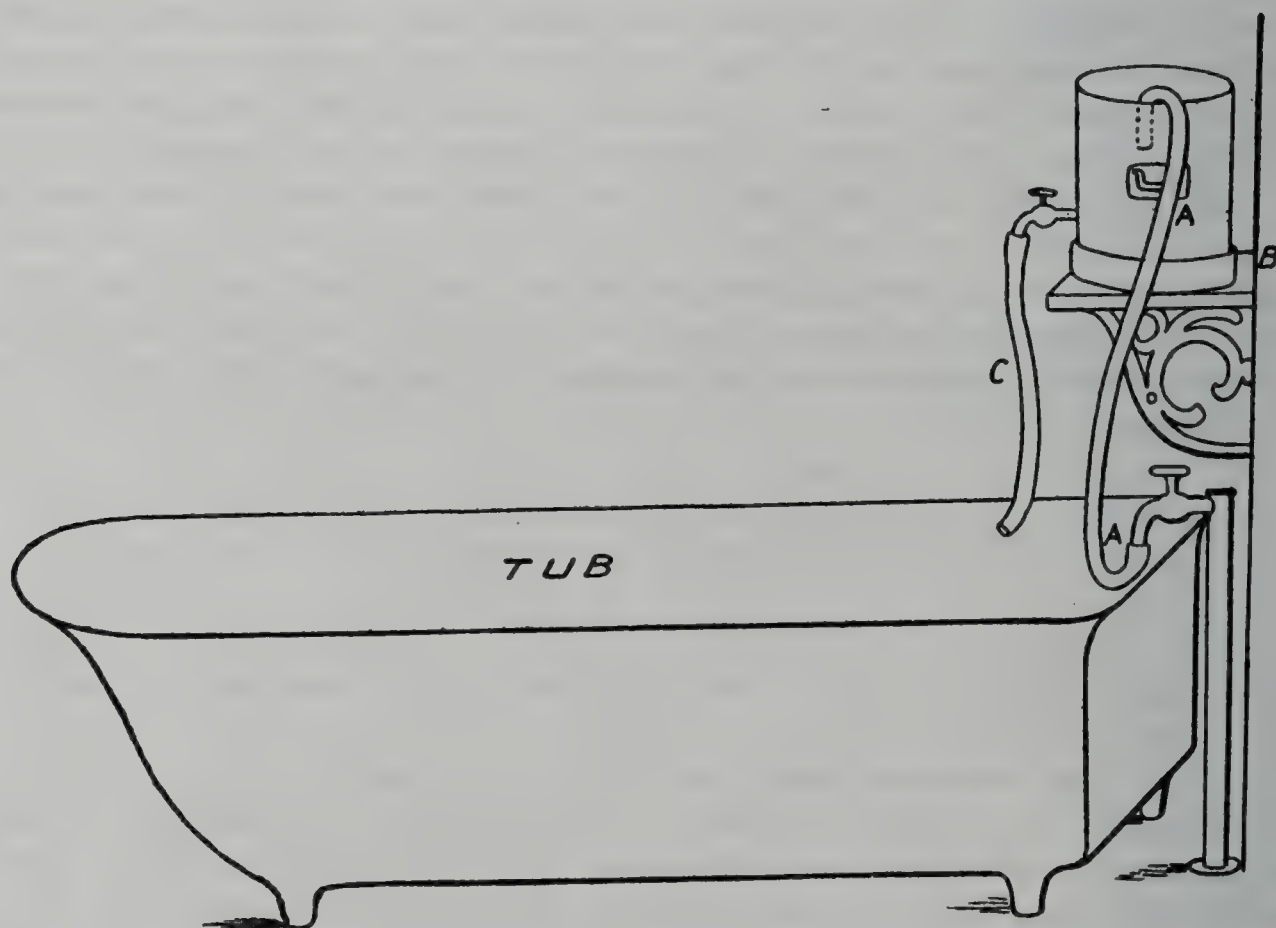
#### A NEW WAY TO OBTAIN HOT WATER

EVEN in these days of modern conveniences there are some old-fashioned houses having bath-room and bath-tub, but with no hot-water pipes, and in one such house a nurse invented a way of having hot water for the bath which is ingenious and simple and may be of use to the readers of the JOURNAL.

At the end of the bath-tub nearest the gas a strong pine shelf was fastened with stout supports, and on this a gas-stove of strong power was placed, and attached to the gas-pipe in the usual way by a tube.

A large wash-boiler of the best quality had a spigot and stop-cock fitted to it by the plumber or gas-man at its bottom.

This boiler was placed on the gas-stove, and a rubber tube about eight feet long was firmly fixed over the cold-water spigot of the bath-tub, directed upward



A, cold-water spigot and supply-tube; B, gas-stove with boiler in position; C, tube leading from hot-water supply to tub.

and fastened to one of the handles of the boiler. The end of this tubing was then made to fall within the boiler. A shorter piece of tubing was attached to the spigot in front of the boiler, and fell into the tub below.

The boiler was filled simply by turning on the cold-water spigot, and the force of the water easily drove a current upward through the tube, filling the boiler in a few minutes.

When heated, the water was drawn off into the tub through the boiler faucet.

This contrivance might be made to suit even less convenient houses by using an oil-stove instead of gas.

A READER.



DURING the period of illness the chamber in which a patient is confined should be freely ventilated, so that its atmosphere is constantly changing and replacing the closeness so universally prevalent during a course of fever by fresh, pure air,—a comfort to the patient and a protection to all others. How this is to be done depends much upon the ingenuity of the nurse. Many sick people are afraid of “fresh air” and have to be urged to take it, much as if it were medicine, but something can be done towards convincing them by always speaking of it as “clean air.” This term will often appeal to the patient when that of “fresh air” utterly fails. This air must find entrance to the sick-room in some manner; it may be done by windows, transoms, doors, ventilating-flues, etc. Any nurse will be unworthy of her title if she fail in this particular, even though circumstances caused by the construction of the building are not in her favor.

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NURSES undertaking cases of scarlet-fever should take to the sick-room old shoes for both day and night wear. These should be burned at the end of the case and not carried from the room. Another wise provision is a muslin or linen cap, covering all the hair; this is to be substituted at night by two or three thicknesses of gauze tied over the head.

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CHICKEN-POX, usually so unalarming, is liable to have one serious complication—the appearance of the pox on the eye. A nurse should watch for this, or instruct the mother to do so and to inform the doctor immediately should such appear.

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IN desquamative diseases it usually seems best to have the body, especially the scalp, anointed with vaseline or other oil. Strong disinfectants should not be used upon the skin, lest an irritation be started to result in dermatitis.

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THE causes of neurasthenia are overwork, mental strain, worry, disappointment, excessive indulgence of any emotion, poison by mercury, chronic constipation, a powerful shock, or some organic disease.

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A HAIR-BRUSH which has been used for an adult should never be used for a child. Failure to observe this rule not infrequently causes dandruff and other diseased conditions in the heads of children.

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SHOULD an inflammation of the ear develop in scarlet-fever with an accompanying discharge the isolation must not be removed even if desquamation should otherwise have been completed.

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THE surest indications of a young child's condition are the color of his lips and his weight. Should his weight remain stationary, it is almost as unsatisfactory as a loss of weight.

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IN cleaning small rugs do not hold them at one end and shake them. The weight of the rug loosens the threads at the upper end and causes ravelling near the borders.

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THE dead who die of infectious diseases should be washed in a strong disinfectant solution and wrapped in a sheet also wet with the disinfectant.



# OFFICIAL REPORTS OF SOCIETIES

IN CHARGE OF  
MARY E. THORNTON



## ASSOCIATED ALUMNÆ CONVENTION

THE fifth annual convention of the Associated Alumnæ will be held in Chicago on Thursday, Friday, and Saturday, May 1, 2, and 3. The programme in detail will appear in the April issue of the JOURNAL and the various alumnæ societies are asked to send in suggestions for the open discussion to which one session will be devoted. No doubt, the private-duty nurse will have many suggestions, and the Executive Committee asks that these may be sent to the secretary, 143 East Thirty-fifth Street, New York, at least one month previous to the opening of the convention.

MARY E. THORNTON,  
Secretary.

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## ST. LUKE'S NURSES' ALUMNÆ, CHICAGO

THE nurses of the Alumnæ Association of St. Luke's Training-School, Chicago, met on Friday afternoon, January 10, at the hospital for the first lesson in parliamentary law, given by Mrs. Mary Belle Sherman. There was a good attendance, and the nurses were all much interested in the drill work. Actual business of an imaginary deliberative body was transacted, and Mrs. Sherman made the study of the necessary formalities very delightful as well as instructive. An intelligent knowledge of parliamentary law is something each member of any organization should have, and the nurses of St. Luke's anticipate much pleasure in the acquirement of such knowledge. A short business meeting was called after the class was dismissed, and it was decided to omit the regular monthly meetings of the association during the period of Mrs. Sherman's course (which is to consist of ten lessons, class meeting every other week) and, instead, transact any necessary business at the close of the lessons.

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## THE PHILADELPHIA COUNTY NURSES' ASSOCIATION

ON October 30, 1901, the Alumnæ Association of the University of Pennsylvania Hospital called a meeting of the representative Alumnæ Associations, viz., Pennsylvania, Philadelphia, Presbyterian, and Episcopal, to consider the advisability of forming a Philadelphia County Association. After general discussion it was decided that such an association be formed.

Constitution and by-laws were drafted and officers elected for the first year, consisting of a president, three vice-presidents, secretary, assistant secretary, treasurer, and five councillors.



The object of the association shall be "the union of graduates for mutual help and improvement, the promotion of fellowship among its members, the advancement of the best interests of the nursing profession, and the study of the means calculated to render the nursing profession most useful to the public and subservient to the interests of humanity."

The association held its first regular monthly meeting on Wednesday, January 15, 1902, at the College of Physicians, with sixty-three members enrolled.

After the business meeting Professor Weygandt, of the University of Pennsylvania, gave the first of a series of twelve lectures on the "English Novel."

The second regular monthly meeting of the Philadelphia County Nurses' Association was held February 12. After the formal business transactions an exceptionally instructive talk was given by Miss Palmer on the importance of "Organization and State Registration." Then followed the weekly lecture by Professor Weygandt, of the University of Pennsylvania, subject, "Kipling." The association has sixty-five members, and has every reason to feel encouraged with its progress.

N. M. CASEY,  
M. LEWIS,  
M. G. ANDERS,  
Publication Committee.

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#### EPISCOPAL HOSPITAL NURSES' ALUMNÆ

THE Alumnae Association of the Training-School for Nurses of the Protestant Episcopal Church Hospital in Philadelphia held its monthly meeting in the Nurses' Home, Tuesday, January 7, at three P.M., the president, Anne S. Haines, in the chair. Twenty-one members were present. Six new members were added to the list, increasing the membership to ninety-two. Final action has not been taken upon the alumnae pin. Another new design will be submitted at the next meeting.

The chair appointed a Printing and Entertainment Committee. It was regretted that Miss Mary S. Littlefield was unable to be present. Refreshments were served and enjoyed by all.

LOUISA K. FREE,  
Journalist for the Alumnae.

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#### ANNUAL MEETING OF THE FARRAND TRAINING-SCHOOL ALUMNÆ ASSOCIATION, DETROIT

THE annual meeting of the Farrand Training-School Alumnae Association of Harper Hospital, Detroit, Mich., was held in the library of Swain Home, Wednesday, January 8, 1902. Owing to the absence of the president (Miss Betleys), Miss Carley acted as chairman. Thirteen members answered to roll-call. The minutes of the previous meeting were read and accepted. The minutes of the last annual meeting were read.

The secretary reported as follows:

"Membership: honorary, one; active, eighty-seven; associate, fifty-six; total, one hundred and forty-four.



"Number of meetings held during the year were as follows: regular, eight; executive, eight.

"Literary programmes for 1901 and 1902 were issued in October, and the schedule is as follows: October 2, 'Report of Delegates to Congress of Nurses,' Miss Carley, Miss Young; November 6, 'State Regulations for Quarantine and Burial,' Dr. J. B. Kennedy; December 4, 'Detroit Milk and Drinking-Water Supplies,' Miss Callender; January 1, Annual Meeting; February 5, 'Problems of Public Aid, Charity, and Correction,' Dr. J. A. Post; March 5, 'Our Nurses' Work in Foreign Countries,' Miss Durkee; April 2, 'Causes of, and Remedies for, Pauperism, Poverty, and Crime,' Dr. E. L. Shurly; May 7, 'Michigan Reformatories,' Miss Allister; 'District Nursing,' Miss Gray; June 4, 'Economic Value of Food and General Relation to Special Diseases,' Dr. C. D. Aaron.

"Miss Sadie Young and Miss Minnie Carley represented the association at the International Congress of Nurses held at Buffalo in September.

"Aside from the active interest and the substantial help given the Visiting Nurse Association, Detroit, the members supplied the funds for a substitute, enabling one of the visiting nurses, Miss Sutherland, to spend a month with Miss Wald in the Nurses' Settlement, New York City. Two of the graduates, Miss Betleys and Miss Carle, did the substituting.

"At the June meeting, which was made a social reception to the Visiting Nurse Association and the Grace Hospital Alumnae Association, very interesting and encouraging reports were given by Miss Sutherland on the settlement work in New York, also reports from Miss Smith, Miss Aylesworth, Miss Betleys, and Miss Carle on the district work of Detroit.

"It is my sad office to report the removal by death of one of our members, Miss S. E. Ford, who died in Lakeside Hospital, Cleveland, October 12, 1901. At the November meeting resolutions of sympathy were passed, recorded in the minutes, and a copy sent to the family.

"Respectfully submitted,

"SARAH E. SLY."

The treasurer reported as follows:

"Balance on hand January 1, 1901, three hundred and forty-two dollars and fifty-nine cents; receipts for 1901, five hundred and one dollars and seventy-seven cents; total, eight hundred and forty-four dollars and thirty-six cents; total expenses for 1901, six hundred and forty-four dollars and eighty-five cents; balance on hand January 1, 1902, one hundred and ninety-nine dollars and fifty-one cents.

"The decrease of one hundred and forty-three dollars and eight cents this year, as compared with the balance on hand January 1, 1901, is largely due to the establishment of a general register employing a salaried director, and the unusually heavy sick-benefits. Last year the annual dues were raised to six dollars, with the hope that that would be sufficient to meet all expenses; but this year it was voted to raise the dues to ten dollars, the beneficiary to receive the sick-benefit at the rate of seven dollars per week, from the beginning of illness for a period of six weeks.

"Respectfully submitted,

"SADIE C. YOUNG."

Mr. H. H. Kuhn, in charge of the general register, reported five hundred and thirty-six calls received and accepted during the year.



Ballots for the election of officers for the ensuing year were counted, and the election resulted as follows: President, Miss M. E. Smith, 191 Farnsworth Avenue; first vice-president, Miss S. Young, Harper Hospital; second vice-president, Miss S. E. Sly, 191 Farnsworth Avenue; secretary, Miss Little, 191 Farnsworth Avenue; treasurer, Miss A. McKenzie; Executive Committee—Miss Courtney, 94 Willis Avenue, West; Miss Borden, 94 Willis Avenue, West; Miss Betleys, 290 Kirby Avenue.

MARGARET P. LITTLE,  
Secretary.

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#### KINGS COUNTY NURSES' ALUMNÆ

THE annual meeting of the Alumnæ Association of the Nurses of Kings County Hospital took place on Monday, January 6. The reports of the secretary and treasurer were read and approved.

The members of the association decided to take a course in parliamentary law, to begin Wednesday, January 29, at four P.M. These will be continued every Wednesday for five sessions.

The following officers were elected for the ensuing year:

President, Miss Isabel Burrows, Kings County Hospital; first vice-president, Miss Beatrice Page; second vice-president, Miss Georgia V. Beall; secretary, Miss Kate Hallanan, 124 State Street, Brooklyn; treasurer, Miss Mary W. Leggatt, 124 State Street, Brooklyn.

K. HALLINAN,  
Secretary.

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#### THE INTERNATIONAL COUNCIL OF NURSES

SEVERAL new honorary vice-presidents have been added to the council from countries without national organization among nurses. Miss Amy Turton, the pioneer of reformed nursing in Italy, accepts the post for that country; Miss Milne, of the Launceston Hospital, accepts for Tasmania. Miss Milne writes of her satisfaction in feeling that land and sea do not really separate those united in purpose, and of her hope to work for legislation similar to that of New Zealand. Miss Snively, while still holding the position of treasurer, will also work for the council as honorary vice-president for Canada.

The council is forming a committee to consider preliminary education and to study means of bringing the subject before the public. The committee will be announced when fully formed.

L. L. DOCK,  
Secretary.

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#### NEW YORK BELLEVUE ALUMNÆ ASSOCIATION

THE annual business meeting of this association was held at the Training-School on Thursday, January 16. There was an unusually large attendance. The president's, secretary's, and treasurer's reports for 1901 were read. Announcement was made that during the year fifteen new members had been added to the roll; that there had been seven resignations and one death, that of Miss Edith A. Boggs. At the beginning of the meeting a letter was received announcing the death two days previous of another member, Mrs. Hester A. Morse. Mrs. Morse had been ill during the early part of December, but had recovered sufficiently to be present at the December meeting, and it was a great surprise



to learn of her death. The following resolutions but partly express our sorrow at her loss:

"WHEREAS, One of our members, Mrs. Hester A. Morse, has been removed from our midst by death;

"Resolved, That we, the members of the Alumnae of the New York Training-School for Nurses attached to Bellevue Hospital, express our sorrow at the loss of one so loyal and kind; and be it further

"Resolved, That a copy of these resolutions be sent to the family of Mrs. Morse, to THE AMERICAN JOURNAL OF NURSING, and also placed upon the minutes."

Miss Dock said a few earnest words to the members, urging them to attend the meetings of the New York State Nurses' Association, to be held at the Academy of Medicine on the mornings of January 30 and 31, saying that these meetings were to be of the greatest importance in the nursing world, and that each one should take the deepest interest in the business to be transacted there, and have a voice in all matters open for discussion and decision.

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THE University of Maryland Alumnae Association held its third annual banquet January 9, 1902, at the Nurses' Club, 21 North Carey Street. The dining-room was beautifully decorated with college flags and ribbons (maroon and black). Table decorations were white carnations and ferns, with red wax-lights in silver candelabra. The dinner was elegantly appointed by Mrs. Aiken (club matron), and was heartily enjoyed by all present. The favors were caps and pennants. Miss S. M. Jones was toastmistress, Miss E. Blight and others responding. Preceding the banquet, a special meeting was held in the large parlors of the club to elect a delegate for the convention which is to be held in Chicago. Miss S. M. Jones was unanimously elected. The rest of the evening was spent in dancing and singing.

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THE Alumnae Association of the Cooper Hospital Training-School for Nurses, Camden, N. J., held its regular quarterly meeting January 16, 1902, special meetings having been called November 7 and December 5 for the transaction of business and to arrange for the reception of December 26, 1901. Miss Turner, of Philadelphia, gave a very interesting talk on parliamentary law, the second of a course of lectures to be given this winter. Two new members were welcomed into the alumnae. An amendment was made to the constitution, changing the date of meetings to the first Thursday of every month.

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THE Brooklyn Hospital Alumnae Association met at the Training-School, Tuesday, February 4, and was called to order at half-past three by the president. Twenty members were present. It was moved and seconded that a letter be sent to Miss Palmer asking her to address the members of the association at the March meeting. Miss Soulé was appointed to assist the secretary with the annual report. The annual report was then read by the secretary, also the treasurer's report. A letter was read from Miss Tweedale inviting the members of the Alumnae Association and the nurses of the Training-School of the Brooklyn Hospital to attend an illustrated talk by Mrs. J. M. Van Cott at the Hoagland Laboratory, February 4, at eight P.M. The officers for the new year were then elected. Miss Dremie and Miss Haldane were appointed to assist Miss Coleman



in counting the votes. The meeting then adjourned, and a pleasant time was spent by the members in a social chat while enjoying the coffee and cake.

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THE Buffalo Nurses' Association met February 3, at three P.M., at the Guard of Honor rooms, 625 Washington Street, for their regular monthly meeting. It was a very cold, stormy day, and there was not a large attendance, but those present were more than satisfied, after venturing out in such a storm. The regular routine business was transacted, and as the yearly election of officers takes place in March, the president, Miss Annie Damer, named the Nominating Committee of three, Mrs. Conrad Diehl, Dr. Jeanette Oliver, and Miss Olivia Moon, who will make out the ballots for officers, which will be sent to each member two weeks before the next meeting. Miss Jane Overton made a suggestion that we now begin to talk over and plan the much-thought-of "nurses' club-room or house." It was received as an excellent suggestion, but it was advised to leave it for the new officers to work upon. A sick-benefit request was received and turned over to the Executive Committee to investigate

A request was received from an Episcopal hospital in Skagway, Alaska, for an assistant nurse to accompany Miss Clara Carter, a deaconess nurse, who starts for that far-away place this week. Various other reports were received and items of business transacted. At the close of the business meeting Dr. Harvey R. Gaylord, of the State Pathological Laboratory connected with the University of Buffalo, was introduced and gave an extremely interesting, instructive, and able address on "Modern Methods of Anæsthesia and Treatment of Wounds." He is a fluent speaker, and his remarks were rich in facts which will be a great help to nurses in all lines of work. He kindly answered numerous questions, after which a vote of thanks was given him and the meeting adjourned to meet the first Monday in March.

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THE second annual meeting of the Alumnae Association of Vassar Brothers' Hospital Training-School for Nurses of Poughkeepsie, N. Y., was held in the hospital library on Tuesday, January 14, at three P.M. The alumnae and nurses in the Training-School listened to a very interesting and helpful talk on "Practical Nursing" by Miss Mary Grace Hills, former superintendent of the Central Maine Hospital, Lewiston, Me., and who is at present doing district nursing in Middletown, Conn.

EMILY K. SHAW,  
Secretary.

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TORONTO, February 12, 1902.

THE Alumnae Association of the Toronto General Hospital Training-School held its monthly meeting on February 11, at three P.M., the president, Mrs. Paffard, in the chair. The attendance, which has been increasing each meeting during the winter, was fully up to the mark.

The resignation of the secretary, Miss F. E. Sharpe, who has been appointed superintendent of nurses in the Woodstock Hospital, was accepted with regret. Miss Sharpe has been night supervisor in the Toronto General Hospital for four years and secretary of the association since its reorganization in 1898. She has been a most faithful worker in the interests of the association, and it is due in no small degree to her efforts that the society is in its present flourishing condition. Miss Margaret Sutherland, Class of 1901, was appointed her successor.



A most interesting paper on the "Nursing of Typhoid Fever" was then read by Miss E. Gordon, of the Emergency Hospital.

A nurses' registry has been established in Toronto under the management of Mrs. S. G. Macpherson, 110 Carlton Street. It is open to graduates in good standing who have had a general training of at least two years. A committee of six members, appointed annually, is to assist in the management of the registry. The annual fee is five dollars.

JULIA F. STEWART.

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THE regular monthly meeting of the Boston and Massachusetts General Hospital Training-School for Nurses was held at the Thayer Gymnasium January 28, at two-thirty P.M., Miss M. E. P. Davis, president, in the chair. There were thirty-seven members present.

The committee appointed to provide courses of instruction reported that arrangements had been completed for a course on business methods, to be given by Mr. Montague Chamberlain, and reported progress in its arrangements for a course on parliamentary law.

It was moved that the chairman of this committee be instructed to invite the Boston City Hospital Alumnæ and the Boston Nurses' Club to attend the lectures on business methods and also the coming lectures on parliamentary law.

Miss Florence Rice stated that she had been asked, with three other nurses, to meet a committee of the Nurses' Directory connected with the Medical Library to discuss that society's grievance in regard to the failure of nurses to keep their agreement with the directory. The complaint was that it is becoming increasingly difficult to find registered nurses on call. Sometimes it has been necessary to call upon eighteen nurses before one was found ready to respond. It was voted to discuss the matter of the directory *vs.* the nurses at a later meeting.

The subject of the meeting was then taken up, viz., the "Limitations of the Nurse's Duties in the Care of Male Patients." This topic elicited considerable intelligent discussion, and while it was thought that not all young nurses in training should be asked to perform certain duties for male patients, yet the graduate nurse should not hesitate to relieve suffering whenever it was plainly her duty to do so.

Upon motion of Miss Dolliver, the meeting adjourned for the social half-hour.

EMMA A. ANDERSON,  
Secretary.

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#### LONG ISLAND COLLEGE, BROOKLYN, N. Y.

A REGULAR meeting of this alumnæ was held at the hospital February 4 at seven-thirty P.M. After the meeting the members adjourned to the Hoagland Laboratory to hear an illustrated talk on the very interesting subject, "Yellowstone Park," by Mrs. J. M. Van Cott, who spoke to a large and appreciative audience. The alumnæ societies of the Lenex, Kings County, the Brooklyn, the Memorial, and St. Mary's had been invited and were well represented, there being present about two hundred nurses. The views were presented in such a way as to give us a very vivid picture of "Grand Old Yellowstone," and we could hardly realize we were not travelling over the beautiful country with our very interesting guide. We hope in the near future to have again the pleasure of listening to Mrs. Van Cott.



## ILLINOIS STATE MEETING

THE Graduate Nurses' Association of the State of Illinois held its third quarterly meeting at the home of its president on Saturday, February 8, at eight P.M. Dr. Lewellys F. Barker, of the University of Chicago, talked informally on State registration for nurses. In closing he advised us to keep up our courage, even should our first attempts at getting a bill through the Legislature fail.

As the positions of first and second vice-president have never been filled, and our treasurer, Miss Mary Ledwidge, having resigned, three new officers were elected: First vice-president, Miss Katherine De Witt, of Illinois Training-School; second vice-president, Miss Mary Racine Brown, of St. Luke's, and treasurer, Miss Matilda L. Johnson, of St. Joseph's.

Miss Fulmer, our president, tendered her resignation, feeling that the time was ripe when we should have a woman with greater prestige at our head. A special meeting has been called for February 17, when a new president will be elected. Eighteen applicants were admitted to membership, making an enrollment of one hundred and eight. A committee was appointed to declare standard, that clause in our by-laws being still an open question. Efforts are being made to learn the size and standing of the different hospitals throughout the State. As the State Board of Health has no such list, the work is slow.

Respectfully submitted,

CAROLINE D. SEIDENSTICKER,  
Secretary.

## PHILADELPHIA.

THE regular monthly meeting of the Alumnae Association of the nurses of the Episcopal Hospital of Philadelphia was held in the Nurses' Home, February 4, 1902, Annie S. Haines, president, in the chair. The meeting was called to order at three-thirty P.M. After the usual business meeting a motion was made to adjourn, after which a lecture was given on "Operations and Preparation for Same in Private Work," by Dr. Thomas. The association is indebted for the programme to the Entertainment Committee. The pupils in training also attended the lecture.

At the meeting on March 4 the following papers will be read: "Desserts," by Georgeanna Kitchen; "Diet for Typhoids," by Harriet Parker; "Broths," by Louisa K. Free.

THE Nurses' Alumnae Association of the Pennsylvania Hospital held its annual business and social meeting on January 16, 1902, at the Nurses' Home. The meeting was called to order at seven-thirty P.M.

The president, Miss Margaret Montgomery, delivered the annual address. The minutes of the preceding meeting were read and approved. The reports from the standing committees were then called for. These included the Nominating, Visiting, Arrangement, and Auditing Committees. The treasurer then read her report. The society next discussed the ways and means of starting a Beneficial Fund.

It was suggested that the association have a paper—published semi-annually—to contain the reports of meetings and work done and anything of interest concerning its members. After some discussion it was decided by vote to appoint a committee to publish the paper, a copy to be sent to each member. It



was decided to hold business meetings monthly and social meetings quarterly. Three new members were elected.

The officers for the ensuing year are: President, Anna B. Groff; vice-president, Alice M. Garrett; secretary, Charlotte E. Perkins; treasurer, Sara H. Fullom.

The business meeting adjourned. The social meeting which followed was very much enjoyed, the entertainment being progressive games, after which refreshments were served.

ANNIE M. GARRETT,  
Vice-President.

A MEETING of the New Jersey State Nurses' Association was held at the Cooper Hospital, Camden, N. J., Wednesday, February 12. Miss Fallon, the president, presided. The report of the Committee on Constitution was received. The proposed constitution was taken up and discussed in sections, which occupied nearly all of the time. The section on membership called forth an interesting discussion. It was finally decided that membership should be on the individual basis. Standing committees were provided for, to be appointed by the president at her leisure. The regular meetings of the association will be held yearly, the first Tuesday in December.

E. FAHRINGER,  
Secretary.

#### MARRIAGES

MRS. LAURA GOLDSMITH, graduate of the Memorial Hospital, Worcester, Mass., was united in marriage to the Rev. H. S. Hoffman, D.D., rector of the Church of Our Redeemer, Philadelphia, on Thursday, January 23, 1902, by Bishop James A. Latané, D.D., presiding bishop of the Reformed Episcopal Church. Mrs. Goldsmith finishes a successful career of institutional nursing work, having occupied positions of responsibility in some of the large and well-known hospitals of the United States. She vacates the position of chief nurse of the Woman's Hospital of Philadelphia, the directors of the institution having at a special meeting adopted a minute expressive of their high appreciation of her efficiency and service of their wishes for her future happiness in her new relations.

#### OBITUARY

BROOKLYN, January 29, 1902.

*Resolved*, That we, the members of St. Mary's Alumnæ Association, Brooklyn, N. Y., mourn our loss and extend our united and heartfelt sympathies to the bereaved friends and relatives of our sister nurse, Miss Anna McInerny, Dundas, Ontario, Canada, who died of typhoid-fever at St. Mary's Hospital on December 4, 1901.

Her classmates of 1901 deplore the absence of a dear friend and comrade, whose noble work was just begun. Her gentle influence, her loving and tender sympathy, which drew so many friends about her, was felt most deeply when her bright young life had ceased.

Sad as it may seem when viewed by mortal eyes, we must look beyond for comfort, for "what seem to us but sad funeral tapers may be Heaven's distant lamps."

"There is no Death. What seems so is transition;  
This life of mortal breath  
Is but a suburb of the life Elysian,  
Whose portal we call Death."



It is with deep sorrow that the death of Miss Jeannette M. Glasgow is announced. She was a graduate of the Mt. Sinai Training-School for Nurses, Class of '86, and a charter member of its Alumnæ Association. For five years she was associated with the City Mission, district nursing among the poor, for which work her thoroughly consistent Christian character peculiarly fitted her; she also spent part of her time in private practice. Her death on January 24, following an illness of only three days, was a severe shock to her many friends.

At a meeting of the Mt. Sinai Alumnæ Association, held on February 6, the following resolutions were adopted:

"WHEREAS, Our associate, Miss Jeannette M. Glasgow, has been removed from our midst by death; therefore be it

"*Resolved*, That we, the members of the Mt. Sinai Alumnæ Association, express our appreciation of her many sterling qualities, which endeared her to all with whom she came in contact; and be it further

"*Resolved*, That a copy of these resolutions be sent to her sister, Dr. Maude Glasgow, printed in the *Trained Nurse* and *Hospital Review* and in THE AMERICAN JOURNAL OF NURSING, and also spread upon the minutes of the association.

" E. B. CHADWICK,

" J. GREENTHAL,

" M. HART,

" Committee."

It is with much regret that we announce the death of Mrs. Charles Bonni-field, née Mabel Finney. She died of typhoid fever on January 13, 1902, in Cincinnati, O. Mrs. Bonni-field graduated from the Methodist Episcopal Hospital, Brooklyn, in 1892, and, having been engaged in private nursing for two years, was appointed supervisor of her Alma Mater. In 1895 she was appointed superintendent of Christ Hospital, Cincinnati, and held that position until her marriage in 1899.

"WHEREAS, It has pleased our Heavenly Father to take her unto Himself; therefore, be it

"*Resolved*, That we, the members of the Alumnæ Association of the Methodist Episcopal Hospital Training-School, tender our sympathy to her bereaved husband; and furthermore be it

"*Resolved*, That a copy of these resolutions be sent to her husband, and published in THE AMERICAN JOURNAL OF NURSING.

" SUSAN J. REMSEN,

" J. ADELAIDE PRENTIS,

" EDNA COPELAND,

" Committee on Resolutions,

" BROOKLYN, N. Y., February 13."

MISS MARGARET A. McDONALD, a nurse of the Long Island Hospital, Boston Harbor, died on February 2 of small-pox, contracted in the discharge of her duties in the small-pox department of that hospital.

MISS MARY BELLE MALLOCK, Class of '01 of the City Hospital, Rochester, N. Y., died at the hospital on January 20 after a serious operation. Miss Mallock left the hospital July 1, and had been well and actively engaged in private nursing until the day of her illness. Her home was in Churchville, N. Y.



# FOREIGN DEPARTMENT

IN CHARGE OF  
LAVINIA L. DOCK



## THE REGULATIONS FOR THE SCHOOLS FOR NURSING IN THE STATE HOSPITALS OF CUBA

THE pamphlet promised us last month by Miss Hibbard has reached us, and we make the following extracts, showing how admirably Miss Hibbard and her associates have planned the foundations of nursing in the schools under their charge:

“ No. 3.

“ HEADQUARTERS DEPARTMENT OF CUBA,

“ HAVANA, January 3, 1902.

“ The Military Governor of Cuba, upon the recommendation of the Superintendent, Department of Charities, directs the publication of the following regulations for the schools for nurses of the Island of Cuba:

“ I. The schools for nurses are created in the Island of Cuba with power to issue diplomas to the graduates showing their fitness to practise their profession.

“ II. The schools for nurses will be classified as State institutions and will be under the immediate supervision of the Department of Charities.

“ III. The rules and regulations published herewith will govern the establishment and management of the schools for nurses, and all special regulations enacted by the Boards of Managers for the interior administration of hospitals to which such schools may be annexed *will conform to these rules.*

“ H. L. SCOTT,

“ Adjutant General.”

[Notice that under this provision the mushroom schools which we have will be impossible.—ED.]

### “ PREAMBLE.

“ The object of these schools shall be, first, to further the best interests of the nursing profession by establishing and maintaining a universal standard for instruction and *providing students with the proper means of education in the practical care of the sick*; second, to secure for the students upon graduation a degree or title which will be a protection in practising their profession and be a recognized means of securing employment; third, to provide hospitals and institutions in the island with skilled service in the nursing department and proper number of graded assistants, thus conferring a benefit to the mass of suffering humanity.

“ The Schools for Nurses are State institutions, attached to hospitals for mutual benefit, but under the direct control of the Department of Charities.

## “ GENERAL REGULATIONS FOR THE SCHOOLS FOR NURSES OF THE ISLAND OF CUBA.

### “ CHAPTER I.

#### “ *Establishment of Schools.*

“ ARTICLE 1. Schools for nurses may be established in all cities of the island where there are public hospitals containing more than one hundred beds, what-



ever their classification may be, subject to the provisions established in this general plan of regulations, *after previous approval by the Department of Charities, and inscription in the School of Medicine of the University of Havana.*"

[Here the School of Medicine and the School of Nursing stand on a level.—ED.]

"ARTICLE 2. The schools will be governed by the internal regulations of the institution, *except where said regulations are contrary to the rules established in this plan.* The schools shall not comprise less than twenty students.\*

"ARTICLE 4. A committee consisting of three members of the Central Board of Charities, appointed by the same; a professor of the School of Medicine, appointed by the dean; and a graduate nurse holding no position in any school, but having previously filled the position of superintendent, designated by the Department of Charities, will deal with all affairs of a general character affecting the schools. All correspondence will be transmitted through the Department of Charities. This committee will meet regularly once a month, and will hold special meetings as often as necessary."

[Notice that a disinterested graduate nurse holds position on this committee.—ED.]

"ARTICLE 6. The course of instruction in each school will cover a period of three courses, of a year each, in accordance with the provisions established in the official plan of the School of Medicine. Nevertheless, any student may be admitted to examination for the first year, provided she has previously completed a course of five months' study.

"ARTICLE 9. At the expiration of the third course, the examination will take place *before a board consisting of three professors of the School of Medicine and Pharmacy, appointed by the dean of the faculty.* The oldest professor will preside. The degrees in this examination will be those established in the regulations of the School of Medicine and will be noted in the documents of the student, to be kept on file in the Department of Charities.

"ARTICLE 11. The examinations will be public and the Department of Charities will provide the building.

"ARTICLE 12. After the examination of the third course, the dean of the faculty will issue a diploma to each student whose exercises have been approved, which diploma shall state that said student is admitted to the practice of the profession of nursing. *Said diploma will merit all authorities, as well from the courts, the respect and consideration due all professional titles.* Without this diploma, the practice of the profession of nursing is not allowed. Each school will award a silver medal to every student who obtains the diploma of nurse."

[The Cuban nurses thus begin where we have not yet arrived—at legal status.—ED.]

## "CHAPTER II.

### "Admission to the School.

"ARTICLE 19. The students will receive as remuneration for their services eight dollars per month during the first year, twelve dollars during the second, and twenty-five dollars gold during the third. Each student will provide all her necessary uniforms. For the acquisition of these, the school will assign for each student of the first and second years thirty-six dollars yearly, which will remain in the charge of the treasurer to be spent when the superintendent may deem it

\* Italics are ours.



convenient. Should a balance remain at the end of the year, it will be given over in cash to the nurse to whom the amount is credited. The nurses who abandon the school lose all right to their uniforms. They cannot be worn on the streets, unless when rendering service. Laundry of uniforms shall be provided for all the students at the expense of the school.

“ CHAPTER III.

“ *Duties of the Students.*

“ ARTICLE 20. All students are obliged to reside in the schools. The hours of duty for the students will be divided between day and night. They will render their services eight hours during the day, devoting the remaining four hours to meals, study, recreation, and rest, and twelve hours during the night, taking turns in such a manner that each student may be able to render her services approximately one consecutive month.”

[Another enlightened arrangement,—the eight-hour day with time for study.—ED.]

“ ARTICLE 21. During the first two years the students will not render their services out of the school. During the third year they will be able to do so during a period which will not exceed three months, whenever the director, in accordance with the superintendent, may deem it convenient. When the services are rendered to the sick poor, a special agreement will be made with the municipal authorities. If attendance is rendered to private individuals, outside, three dollars daily and cost of transportation will be charged. This amount will be paid over to the treasurer, and after deducting a certain sum which the school may deem wise to give to the nurse as gratification, the balance remaining will be kept with the object of accumulating a fund destined to be used as a prize, which in accordance with the Department of Charities will be awarded to the student who may be deemed worthy of such a distinction.”

[Here, while private duty may be done, it is at least deprived of its worst features, the commercial value and the underbidding. The Editor rejoices.]

“ ARTICLE 22. Hospitals having no school for nurses in cases of emergency can apply for nurses to the schools established in the locality, provided they pay the school annexed to the hospital in which they render their services the amount decided upon as gratification and the cost of transportation. The students who are employed in that capacity will figure in the pay-roll of the hospital to which the school is annexed.

“ ARTICLE 25. The students will have no intercourse with the employees other than a strictly professional one. Any infraction of this order will be severely reprimanded and the *director* of the school shall be held responsible for such infringement.”

[How will this work? Shall the leopard change his spots?—ED.]

“ CHAPTER IV.

“ *Duties of the Superintendent and her Assistants.*

“ ARTICLE 29. The superintendent shall send to the Department of Charities every three months a written statement of the assiduity, attendance, and conduct of each student, and forward to the School of Medicine and Pharmacy a statement of the number of students inscribed in each course. Before the final examination she must send in a complete report, containing all necessary information with regard to the documents and practical work of each student.



“ CHAPTER V.

“ *Theoretical Instruction.*

“ ARTICLE 40. The theoretical instruction will cover three terms: the school term will be from the first of October to the first of June, and the examinations will be held during the latter part of the last month.

“ ARTICLE 41. The superintendent will issue to each student a tri-monthly statement of her services in accordance with the following form:

Name .....  
Date of admission to school .....  
Wards in which they have served during the three months.....  
Behavior .....  
Interest manifested .....  
Apathy for observation .....  
Punctuality .....  
Application .....  
Disposition .....  
Cleanliness .....  
Order .....  
Amiability .....  
Peculiarities .....  
Distinction in character .....  
Distinction in work .....  
Faults committed in work .....  
Faults in character .....  
Improvement .....  
Remarks .....  
Date .....  
(Signature).....”

ITEMS

ONE of the most deeply interesting bits of news we have had is that a biography of Miss Florence Nightingale is in preparation with her consent and assistance. It will be written by Miss Rebecca Insley and published by Harper Brothers. All nurses will hail with delight this first adequate life of the great woman who revolutionized the care of the sick in hospital and home, and who announced in tones of unimpeachable authority all those great principles of sanitation and education, of ethics in discipline, management, and nursing conduct, and of the rightful province of women in the realms of sick-nursing, which no one else has been able to add to or to take from, and which form the classics of all hospital and training-school literature. The appearance of the book will be eagerly awaited.

MISS MCGAHEY has returned to Australia, having been in England since her visit here. Shall we ever get around to see her on the other side of the world?

THERE is a choice of books, as in friends, and the mind sinks or rises to the level of its habitual society, is subdued, as Shakespeare says of the dyer's hand, to what it works in.—LOWELL.



## LETTERS

EXTRACTS reprinted by permission from the Sixth Annual Report of the Alumnæ Association of the Paterson General Hospital Training-School for Nurses:

"CÆSAREA, CAPPADOCIA, ASIA MINOR, May 6, 1901.

"Unlike China, Japan, and other countries more Oriental than we are, our patients do not prefer the floor to the bed, and manifest their preference by crawling under. No! our white bedsteads and 'Hartford springs' seem to suit them very well. Now and then there is one who finds them too soft, but as a rule they are easily satisfied, and pleased with what they receive. When a native gets sick in this country, his friends all gather about him and await either his recovery or death. So we could take a houseful of friends, if we would, but we admit none, and gradually, as they come to understand it, they make no objections.

"Could you look into our male ward of sixteen beds you would find fourteen of them full. Such queer fellows as our patients are! I am sure you will be interested to have me tell you something of them,—Turks, Greeks, Armenians, Koords, and Circassians, by the great leveller, sickness, submissive and gentle as children. Here is Osman Hama Ollah, a queer Koord, whose Turkish is so thickly sprinkled with Circassian and Russian that he is very difficult to understand. He is suffering from numerous knife-wounds in the abdomen. We do not know how he was wounded, but we suspect that it was not in a good cause. For, although he was obliged to sell his house to meet expenses, he cheerfully informs us that he will soon steal another when he gets up. Not far from him is Surlayeman, or, as we know it, Solomon. He is a tobacco-smuggler, and while making away with some tobacco he was attacked by robbers and his arm-bone shattered. Surlayeman is also a Koord, and one of our jolliest, nicest patients. Opposite him is Jelil Hadji. In this country every year many thousand pilgrims go to Mecca to worship at the shrine of Mohammed. They are tattooed and receive the name of Hadji, or pilgrims. Jelil means 'glorious,' so we have 'glorious pilgrim.' A fine-sounding name, but Jelil Hadji is anything but glorious—a dusky, swarthy gypsy or nomad from the southern countries. Hadji Byram is a gentle-voiced, refined Turk softa, or student, of the Koran. Hadji Rejib, also a softa, is an evil-faced fellow, who, you are quite sure, hates you for an unbeliever. Mehemet Ali comes from Macedonia, a European Turk, very different from his companions, for he is a refined European gentleman.

"We have four young men nurses, all of whom speak a little English. As they are ambitious to learn more, and as we find it convenient to speak another language before the patients, we do not object. Their charts are very funny, and we have many a laugh over them, as, for instance, 'Went to operating-room; came back operated.' 'He has no any special pain, but he is sorry.' 'If he turns over it is running like water from the spring.' We suppose they mean his wound. Then again, 'The puss is running down his face,' not an actual cat, just pus. Again, 'He complains of pain, but has much money yet.' Evidently someone was trying to cheat, and anything connected with money or gain is always of great interest to Oriental minds.



“Though their knowledge of caring for the sick is so limited, for, indeed, we could not compare it to that of the laity in European countries,—I think it true that the Oriental is most curious in his treatment of sick people,—but, as I said, with a limited knowledge and a more limited language to express it in, they soon come to understand the peculiarities of the sick. As, for instance, ‘He is not so comfortable saying always bad words, but I think he is not so sick as his remarks.’ Then, again, they say quite tritely, ‘He was more comfortable than yesterday night. No any special reason to give, only perspired, and slept well.’

“In Turkey people rarely bathe in their own homes. In fact, they have nothing to bathe with. In every village, almost, no matter how small, there is the bath, and for fifteen paras (about two cents) they can get a very decent bath. As fond as I used to be of Turkish baths in America, I have never had the courage to try one here, though we have our own bath-room in the hospital; yet, if possible, before admittance every patient is sent to the bath. We find it a great convenience, and it saves us an immense amount of unpleasant work. I wish you could see some of our patients before they are ‘transformed’—clothes changed. I can think of nothing but animated rags, and not so very animated either, for the Oriental never hurries. Time means very little to him; he scarcely knows the day of the week or month. He doesn’t know his age. When Allah calls him ‘Kismet’ he will go. His clock is the sun; what could time mean to him? This applies to the lower classes. I wish so many times for a kodak. One day not long ago I came down the stairs, and in the hall near the door stood an old man with flowing, white beard. He was dressed in the white, baggy trousers of the Orient, a fancy-colored waistcoat, over all a loose, white linen robe fancifully embroidered, a green girdle, on his head a white kefeye, or cloth, which the Arabs wear for protection from the sun. Truly, he looked as if he had just stepped out of an old Biblical picture of about the time of Abraham. I thought he was an Islam or Moslem, but as I reached him I received a profound salaam; then he pointed upward and said most dramatically, ‘Jesus Christ came into the world to save sinners, and whosoever believeth in Him shall not perish, but have eternal life.’ I said, ‘Are you an Islam?’ He replied, ‘I am a prophet from the Holy City, preaching salvation.’ Poor thing! he really was an Armenian from Jerusalem, and did preach, but he was insane.

“The *à la Franka* things in our hospital cause a great deal of wonder and surprise. For instance, our dumb-waiter. There is no name for that in Turkish. Not having any, there was no need, so they call it the cupboard that moves. While we find our imported things very convenient,—in fact, absolute necessities,—yet they have their disadvantages in the fact that the natives must be taught how to use them. My laundress regarded my nice American wringer as easily cooked and eaten as used for washing. Here the people wash their clothes on the rocks by a stream of water. It is very interesting to watch them. They use their feet in a kind of peculiar shuffling motion. Can you imagine how difficult it is for them to learn to wash *à la Franka*?

“The servant and nurse question is a difficult one to solve here, and requires almost superhuman efforts to overcome some of the problems. I have a good cook—a prompt, clean man. His cooking is, of course, *à la Turka*, but as that is what the patients like, it is sufficient. I do not board in the hospital. Time and effort spent in preparing delicacies for invalids would be lost here, for they will not eat them; but they are very fond of ‘yoghoort,’ so we



give them that always after operations. 'Yoghoort' is fermented milk, mostly sheep's or goat's. It is very much like your matzoon. Matzoon was imported to America by an Armenian, and here in the Armenian language 'yoghoort' is 'mahdzoön.' Not long ago my cook was obliged to go away for a day or so, so I put my washwoman in to cook during his absence. I went to the kitchen to give some minute directions about the meals being prompt. I said, 'Now, the dinner must be ready just at twelve o'clock,' and as an after-thought I said, 'When is twelve o'clock?' She looked innocently at the clock and said, 'I don't know anything about clocks; but never mind, it does not take long to get breakfast, a little longer for supper, and still longer for dinner. Don't let your soul be squeezed; I'll work all right.' A very common and favorite expression here is 'janum sukelier'—my soul is squeezed. It is an expression I am considerably addicted to, for on occasions, when you are so torn by conflicting emotions as to be nearly speechless, it fits perfectly.

"The people are slow to learn new things. There are so many customs and ways of doing things that were common to the time of Abraham. In the native house chairs and tables are almost unknown. It is most exasperating to find the table which you have provided standing empty and the floor strewn with things, especially if these things happen to be pus basins, etc., incident to a surgical dressing.

"I remember an experience I had after I had been here about six months. In company with my native teacher and his sister, I went for a day's outing to a village. I had a few inward qualms as to how I should manage to eat à la Turka. But I knew I was in 'Rome,' and so I determined to do accordingly. When the dinner-hour arrived, a little, low stool, about a foot high, was placed in the middle of the room and covered with a fancy cloth. On this was placed a round, metal tray. Around the edge were small Turkish towels and wooden spoons. You may be sure I watched all this with considerable interest, for I knew I had to eat. Soon a metal dish was brought in, and, with a salt-dish placed in the middle, we gathered around the table, my host, the native Protestant preacher, my companions, and myself,—five of us,—and all to eat out of one dish, which you know is à la Oriental. Our first course was eggs, half fried or boiled in a lot of fat, and left in. Like most nurses, I am a rapid eater, but for once I was slow to begin, and, spoon in hand, I speculated which was my corner of the dish. My host, seeing my hesitancy, to use a common expression, 'licked' his spoon, stirred up my corner with his fingers, sprinkled in some salt, and again invited me to partake. For fear of further developments, I delayed no longer, and ate straight through each course. Not to have eaten would have been highly offensive. Yoghoort and honey mixed, black bread, flour browned in grease and sweetened with 'pikmez' (a kind of molasses made from grape-juice), meat pickled in garlic and all the strong spices for which the Orient is so famous, so strong and pungent that your breath retains the odor for a week. Incongruous and queer as it all was, it was rendered still more so by seeing hanging on the wall a chromo-like picture-card, and underneath in large letters 'J. & P. Coats' thread, the best in the world.' After all, the world is not so large, is it?

"E. D. CUSHMAN."



## MADAM TSILKA

[THROUGH the kindness of Miss Maxwell, of the Presbyterian Hospital, New York, we have been furnished with letters and items regarding the work of Miss Stone, the captive missionary, and her companion, Madam Tsilka, who is a Presbyterian graduate. Her maiden name was Katherine Demetrius Stephanova; she was the daughter of an Eastern merchant of means who allowed her to attend a school, where she became a Christian. She afterwards came to America, studied at Mr. Moody's school in Northampton, then took a kindergarten course, and finally the course of nursing at the Presbyterian Hospital, from which she graduated in 1898. She then married the Rev. Gregory M. Tsilka, and returned with him to engage in missionary work in Albania. On September 3 last Madam Tsilka was captured, in company with Miss Stone, by brigands, as everyone knows. The news of the release of Miss Stone, with Madam Tsilka and her child, on February 23 makes these letters of special interest at this time.—Ed.]

Extract of letter from Madam Tsilka, written August 12, 1900, at Monastir, Macedonia:

“TURKEY, EUROPE.

“Do not worry about us. We are perfectly happy—both because of God's love to us and of our devotion to each other. We have been on a missionary tour these last two weeks. The American teachers were with us too. There were no Christians in that place, so we hired two big rooms and did our own cooking. The principal of the American school and Mr. Tsilka did the dish-washing. Afterwards we had a man and girl to do our work, so we devoted our time to Christian work. On the Sundays I thought Mr. Tsilka would preach himself to death. The place was so crowded that the people had to look over each others' heads. I have done a good deal of medical and surgical work here. The people are so ignorant of the laws of health! A woman will come to me with a baby in her arms. ‘Sick,’ she says, ‘has fever.’ A few questions, and I ask, ‘Do you bathe the baby every day?’ ‘Oh, no! no!’ she screams, expecting my approval of her not bathing the baby. My prescription is usually castor-oil, regular feeding, and a bath every day, and in a week's time the creature is just as bright and happy as any baby in America.”

[COPY.]

“KORTCHA, ALBANIA, TURKEY, EUROPE,  
“January 21, 1901.

“MY DEAR MISS MAXWELL: Since we arrived here it seems to me as though I have sunk way down into the deep of the sea. Shut in from all communication with the civilized world, no papers, no people of enlightenment. Mail comes only twice a week, and that not to be depended upon, for the postmaster (a Turk) distributes it whenever he pleases. The women are ignorant as goats, for they are not allowed to go out of their houses. They think it terrible for women to be in the presence of men. They must use neither eyes nor mouth. Obedience, and only obedience, is their virtue. All my actions seem wonderful to them. The men treat me very respectfully, even the Turks. Woman is not respected because she is ignorant, and does not know how to respect herself. I have more nursing and doctoring than I can possibly do. There are few doctors, whose diplomas say ‘Good only for the East.’ That is, they go to a



medical school in Athens and study a few things, and then get a diploma with the above statement. You would have smiled if I told you that I was called to a consultation by the doctors here on a case of septicæmia. I do miss nursing under a competent doctor. They are trying to get permission from the Sultan to build a hospital. I do hope that he may grant it, for it will give me a fine chance for training girls how to nurse the sick. There are very interesting cases of sickness. To-day I visited one of the Bey's (or Lord's) houses. Everything about the house was royal, but the women—oh, so blank! They showed me some of their fancywork, and their skill and taste is wonderful. There was a chemise embroidered most wonderfully with gold, and its value is over eighty dollars. I do wish you could visit here sometime. Our line of work is of every kind. My husband teaches a few hours a week in the girls' boarding-school. This school was daily, and this year we decided to make it boarding, as then only we can have the girls at our command, and mould their character and training in the right direction. I plan to start a class in nursing in the school. Besides all these things, I have a house of my own to look after. My health has been perfect. Since I came here I do not know that I have a stomach. The climate is even better than that at Asheville, N. C. The only calamity is poverty, and that is because of the terrible rule of the Turks. There are rich mines, but they will not permit their opening. There is so much of which I want to write, but, knowing how busy you are, I shall have to control myself. Let me say that my going to America would have been useless had I not taken the nurse's training—it is of such a help to the people here.

“That I am homesick for America I cannot deny, but then I feel strongly that my duty calls me here. I am enjoying my home life, and we are very congenial in our work. Mr. Tsilka is so interested in my work that he plans to take a medical course in America when we come to visit. I have wished to write you long before this, but, as I said, my time has been simply crowded. Please kindly remember me to Miss L. Welch (I do not forget her), Miss Stone, and Miss McArthur. I do not dare to expect a letter from you, but if I do get one I shall be more than happy.

“Very respectfully yours,

“KATHRINA STEPHANOVA TSILKA.”

Extract of letter written May 16, 1901, at Kortcha, Albania:

“We have had hard work this year, and it won't be any easier next year. No Christians at all, and training the girls is a terrible job, but, as I have expressed myself while yet in America, I did expect hard work. You know one wishes to accomplish so much in a short time. I want to have the boarding-school well organized and then start my training of nurses, but it will take some time yet. We have no hospitals. This year I have felt so strongly the need of nurses. The world needs more the nurse than the doctor, because the nurse, in many cases, can do the work of a doctor as well as of a nurse. There are a few doctors here, but they are comparatively useless. Their diplomas say ‘Good only for the Orient’—that is, their work is not wanted elsewhere. I have had the whole town and surrounding villages come to me for help. Of course, I cannot help all, for I am not a doctor, but I can do good in many cases. I have opened an abscess in the breast and was very successful, so much so that the doctor here reported me to the government, but the government, instead of stopping me, asked me to be a government nurse—that is, to be paid



by the government and sent to visit any case they may ask me. But, of course, I told them that my object is not money, but to help the needy. They admired my diploma. It is a great thing to have a trained nurse in a place like this. There are some very interesting diseases here. There is one which begins with chill and fever, then eruptions at all the joints. If the patient does not eat fish and chicken he recovers, otherwise goes into consumption. This place is very healthy, but the people do not know how to guard against contagious diseases."

[COPY.]

"SALONICA, TURKEY,  
"October 7, 1901.

"DEAR MISS RYDER: You will wonder why I am writing to you instead of Katharine, but what follows explains:

"On our way from Mrs. Tsilka's home to our work we were surrounded by a large group of armed men—about twenty-five in number—and carried into the forest. After that they took Miss Stone and my wife. They kept the rest of us all night, and in the morning they were gone, having carried with them Miss Stone and Katharine. It was pretty nearly one month before we got any answer from them, and now they ask one hundred thousand dollars ransom for both of them. They must be saved soon. Miss Ryder, the friend of my wife, is my friend too, so I confess that she is in the family way of six(?) months. Victor, dear little Victor, died. So please do something and collect as much as you can from the nurses and some of the friends, and send it by mail to Salonica, care of Dr. Houst. There is mail connection with Salonica for money-orders. Enclosed you will find a letter for Miss Belle Judd,—I have forgotten her address. Please forward it.

"Please tell the story to the following persons: Mrs. Anna Cross, 6 Washington Square, New York City; Mrs. Walton, Munn Avenue, East Orange, N. J.; Mr. Kennedy, Presbyterian Hospital, New York City; Mr. Russell Sturgis; Mrs. Kirkner, Plainfield, N. J.

"These are some of my wife's friends, whom she wants to know about it, and help if they can with something. Miss Ryder, please pray for the safety of your friend and my wife.

"Hoping this will find you well, I am

"Respectfully yours,

"GREGORY M. TSILKA.

"P.S.—Letters sent to Dr. J. H. Houst, Salonica, Turkey."

[COPY.]

"VODENA, EUROPE, TURKEY.

"Miss Lucy F. Ryder, New York.

"DEAR MISS RYDER: Your letter of September 26 reached me as I was about starting for this place. I wish I could tell you of the release of our dear friend, Mrs. Tsilka, and Miss Stone. However, as to that you would have the announcement in the New York papers quite as soon as we should know it here. Perhaps I may give you some items about the capture which have not appeared in print. Mr. and Mrs. Tsilka, Miss Stone, four or five young native lady teachers, our Bible-reader,—female,—and several boy students were captured September 3 on the road from Bansko to Djumaya. A little in advance of this party of Protestants was a man on horseback, presumably bound for



Djumaya. This man was severely wounded, and our friends were halted by a party of brigands numbering from thirty to fifty, according to the varying estimates. One of the girls says that fifteen rifles were pointed at them. All were obliged to dismount and go into the woods two or three miles off the road. The wounded man, who seemed to be a Turk, walked with great difficulty, and when they came to a halt he was put out of his misery. The robbers asked for money, watches, and other valuables, but did not search pockets or use any roughness with the ladies. Mr. Tsilka, supposing that he would be taken captive, managed to pass on to his wife some money, about twenty-five dollars, which he had. First of all Miss Stone, who had been holding a summer training-school with Mrs. Tsilka's assistance, was taken off by herself. Presently Mrs. Tsilka was taken in the same direction. The horse of the Turk and two muleteer horses were taken. One of the brigands came and, looking over a lot of things scattered on the ground, picked out Miss Stone's Bible and, putting it under his arm, walked back. It is supposed that our two sisters were taken during the night to a place of safety. Mr. Tsilka and the others were kept at the halting-place, silence being enjoined. At daylight they found that their guards had disappeared, and they returned in sadness to Bansko. The brigands spoke Turkish only, and were very sparing of speech. Some had their faces blackened or wore masks. Some wore Turkish uniform, others Albanian clothing, and a few were attired as shepherds. It is my opinion that they were all Bulgarians. Mr. Tsilka was at Salonica last week and wrote me that he had received three letters from his wife, written, I suppose, at the dictation of the captors to further the getting of the ransom—twenty-five thousand dollars. As to anything further, the papers have published all and more than we know. We are simply praying and waiting. It has been a sad season for Mr. and Mrs. Tsilka. Their beautiful baby boy, Victor, whom I baptized before they started for Bansko, died of cholera infantum at the home of Mrs. Tsilka in Bansko. Then Mrs. Tsilka was dangerously ill and started to come to our annual meeting in Samskor, Bulgaria, but was stopped by quarantine until after the meeting. (In the *New York Observer* of September 19 I have a short quarantine experience which may interest you.) But we rejoice that our suffering friends are all persons of strong Christian character. No *real evil* can come to one who is in close touch with Jesus. We pity the brigands and sympathize with the captives. Mrs. Bond is here with me touring. I will pass on to Mr. Tsilka your kind word of sympathy.

“Yours most sincerely,

“L. BOND.”





# CHANGES IN THE ARMY NURSE CORPS



## CHANGES IN THE ARMY NURSE CORPS RECORDED IN THE SURGEON-GENERAL'S OFFICE FOR THE MONTH ENDING FEBRUARY 6, 1902.

ARMISTEAD, AMANDA J., transferred from the Santa Mesa Hospital, near Manila, to duty at the First Reserve Hospital, Manila, P. I.

Bauer, Christiana M., transferred from the Santa Mesa Hospital, near Manila, to duty at the First Reserve Hospital, Manila, P. I.

Colcleugh, Ada, transferred from First Reserve Hospital, Manila, P. I., to duty on transport Grant en route to United States. Arrived in San Francisco January 21 and assigned temporarily to duty at General Hospital, Presidio.

Conners, Katherine, transferred from First Reserve Hospital, Manila, to duty on Grant en route to the United States. Arrived in San Francisco January 21 and assigned temporarily to duty at General Hospital, Presidio.

Cox, Sara M., transferred from the Santa Mesa Hospital, near Manila, to the Convalescent Hospital, Corregidor Island, P. I.

Fisher, Julia Helen, whose appointment was reported last month, was obliged to withdraw at the last moment.

Flick, Lucile E. S., transferred from the United States Army General Hospital, Presidio, San Francisco, to duty on transport Kilpatrick en route to the Philippines.

Graham, Catherine B., transferred from the Santa Mesa Hospital, near Manila, to the Convalescent Hospital, Corregidor Island, P. I.

Hanson, Bernice E., appointed January 8 and assigned to duty at the United States Army General Hospital, Presidio, San Francisco, Cal.

Harrison, Mary A., transferred from the Santa Mesa Hospital, near Manila, to duty at the First Reserve Hospital, Manila, P. I.

Hasemeyer, Augusta D., formerly nurse at Military Hospital, Vigan, P. I., assigned to duty as chief nurse at that hospital December 21, 1901.

Kennedy, Emma L., arrived in Manila December 2, 1901, and reported at First Reserve Hospital for temporary duty, awaiting assignment.

Lane, Effie, transferred from the Santa Mesa Hospital, near Manila, to duty on the Grant en route to the United States. Arrived in San Francisco January 21 and assigned to duty at General Hospital, Presidio.

Laughlin, Mary C., arrived in Manila December 2, 1901, and reported at the First Reserve Hospital for temporary duty, awaiting assignment.

Livingston, Mrs. Tessie, transferred from the Santa Mesa Hospital, near Manila, to duty at the First Reserve Hospital, Manila, P. I.

Macaulay, Margaret, transferred from the Santa Mesa Hospital, near Manila, to duty on the Grant en route to the United States. Arrived in San Francisco January 21; on leave, awaiting orders.

Mann, Emilyn P., transferred from the First Reserve Hospital, Manila, to



duty on the Grant en route to the United States. Arrived in San Francisco January 21. Under orders to return to the Philippines.

McGary, Margaret, appointed January 8 and assigned to duty at the United States Army General Hospital, Presidio, San Francisco, Cal.

McKeever, Melvina, formerly chief nurse at Military Hospital, Iloilo, P. I., discharged.

Morgan, Irene A., transferred from the United States Army General Hospital, Presidio, San Francisco, to duty on the Kilpatrick en route to the Philippines.

Ostien, Mary F., transferred from the United States Army General Hospital, Presidio, San Francisco, to duty on the Kilpatrick en route to the Philippines.

Plummer, Samantha C., transferred from the Santa Mesa Hospital, near Manila, to duty at the First Reserve Hospital, Manila, P. I.

Redecker, Henrietta L., transferred from the First Reserve Hospital, Manila, to duty on the Kilpatrick en route to the United States. Arrived in San Francisco January 9, and assigned to duty at General Hospital, Presidio, for three months.

Rice, Margaret Van Schaick, transferred from the Santa Mesa Hospital, near Manila, to the First Reserve Hospital, Manila, P. I.

Richmond, Edith L., transferred from the Santa Mesa Hospital, near Manila, to the First Reserve Hospital, Manila, P. I.

Thacher, Clara, transferred from the First Reserve Hospital, Manila, to the Military Hospital, Iloilo, P. I., and assigned to duty as chief nurse.

Thomas, Elizabeth D., transferred from the Santa Mesa Hospital, near Manila, to duty at the First Reserve Hospital, Manila, P. I.

Tipping, Susie, appointed January 8 and assigned to duty at the United States Army General Hospital, Presidio, San Francisco, Cal.

Whelpton, Sarah, transferred from duty as chief nurse at Santa Mesa Hospital, near Manila, to duty as nurse at the First Reserve Hospital, Manila, P. I.

Wiedmann, Barbara, transferred from the Santa Mesa Hospital, near Manila, to duty on the Kilpatrick en route to the United States. Arrived in San Francisco January 9 and assigned to duty at the General Hospital, Presidio, for three months.

Wilson, Sibbie, transferred from the First Reserve Hospital, Manila, to duty on the Warren en route to the United States. Arrived in San Francisco January 10 and assigned to duty at the General Hospital, Presidio, for three months.

Woods, Julia E., transferred from the United States Army General Hospital, Presidio, San Francisco, to duty on the Kilpatrick en route to the Philippines.

Young, Agnes G., transferred from the Santa Mesa Hospital, near Manila, to duty at the First Reserve Hospital, Manila, P. I.

Young, Ann B., transferred from the United States Army General Hospital, Presidio, San Francisco, to duty on the Kilpatrick en route to the Philippines.

Wilson, Genevieve, transferred from the United States Army General Hospital, Presidio, San Francisco, Cal., to duty at the United States General Hospital, Fort Bayard, N. M.

Zink, Josephine, formerly on duty at the Convalescent Hospital, Corregidor Island, P. I., discharged in Manila.



## LETTERS TO THE EDITOR



[*The Editor is not responsible for opinions expressed in this Department.*]

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DEAR EDITOR: As there were several points in the proceedings of our last State Society meeting over which there was some variance of opinion, with, as a result, some confusion of ideas, it seemed to us that it would be well to consult some perfectly unimpeachable authority for the help of any members who might feel uncertain as to correct parliamentary procedure.

We consulted three authorities,—a teacher of parliamentary law who is widely known, a prominent physician who holds official positions in medical organizations, and a legal firm representing the highest authority in the State.

Each one gave us exactly the same information upon our points. We may therefore feel confident of its correctness. Their statements may be summed up as follows:

1. *As to our form of organization:* There is nothing objectionable or contrary to law and order in our double form of organization—viz., individuals and delegates. The medical societies adopted this plan and found it fair to give associations one vote to every ten members.

2. *As to membership:* No new members should be admitted until the by-laws are entirely completed and the exact ratio decided for delegate membership. The present members of the society must therefore complete the by-laws, decide on the ratio, and incorporate it by amendment in the clause dealing with members. The secretary should then inform all associations and invite them to send their full number of delegates to subsequent meetings.

3. *As to the quorum:* In voluntary associations, if no quorum has been fixed by the regulations, the members present at a meeting are competent to transact business.

Very truly yours,

ANNA C. MAXWELL,  
MARY E. THORNTON,  
L. L. DOCK.

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DEAR EDITOR: I should like to answer Miss Brennan's letter on the "Non-Payment System" which appeared in your issue of January. I asked through Miss Barnard at a meeting of the Congress for a discussion on this subject to bring forth the opinions of superintendents and nurses. Judging from what Miss Brennan writes, it does not seem to be a popular idea at present. Is it that we are not prepared for it yet, and fear by adopting it we may exclude women who will make good nurses and be an honor to the profession? With women's usual perseverance in all matters, one thoroughly earnest and untiring in her new work from the highest motives would not surely allow herself to be daunted for such a reason. What profession other than nursing pays a man or woman while he or she is beginning it? Why should a nurse be paid during her training any more than a woman qualifying herself to become a teacher or a doctor studying



for her profession? That it requires a large or even a moderate sum of money to carry a pupil through the three years of training has not been shown. I have been told of a nurse who required but twenty-five dollars a year, and another but fifty dollars during her entire course, and I dare say there are some who have even had less.

Why should not the woman who is ambitious to enter the profession borrow this small sum and pay interest on it as a business transaction? It could be quickly paid back when she has finished her training. With the hospital supplying uniforms and text-books a nurse's requirements are not many, and the habit of economy formed during training will be most valuable later. I think it is most reasonable to look forward to the time, and that very soon, when the non-payment of pupils will be established in all our schools. And we need not fear that it will keep out future good nurses, but rather bring in better ones.

Yours sincerely,

ANNA C. JAMME,

Superintendent of Nurses, New England Hospital for Women and  
Children, Boston.

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DEAR EDITOR: After reading the letter on hospital discipline which appeared in the January number of your journal, I feel tempted to say a few words from my own experience and from my point of view.

I am fortunate in being able to say that I hold three diplomas, one from one of the best schools in the country, and the other two were granted me in post-graduate courses.

Although many years have gone by, I like to think of my first entrance into hospital life. I was greeted kindly by the superintendent of nurses, and then was put in charge of a head nurse, who took me in to supper. I only hope as time went on and it was my duty to take probationers under my wing, that I gave the comfort to them that this head nurse gave to me. Another nurse who showed me to my room said, "I will call for you in the morning and take you in to breakfast." I felt at once that I had come among friends.

The experience at table which your subscriber relates was unfortunate. I am glad to say that I know nothing about such table etiquette. I remember feeling hurt when I saw a head nurse and a senior nurse laughing over a blunder that I had made, and of course I had other experiences that made me unhappy for a time, yet when I look back upon my head nurses I feel that my debt to them is very large. I did not chafe under the discipline, and with few exceptions found it easy to comply with the rules. I can understand how it must seem to some young women who have had things pretty much their own way all their lives, but if they are made of the right material they will see the wisdom of the discipline.

I take it for granted that your subscriber is a graduate of a large school, and perhaps she is speaking from an experience in which she has been able to train large classes of nurses without what she terms "military discipline." If such is the case, I think that it is only fair that she should give us the advantages of her new methods.

My superintendent had spent many years in the work, and as for being "bitter" or "cynical," such terms could never be applied to her, and I am sure that she is trustful even after many disappointments where trust has been abused. I feel sorry for any nurse who goes out from her school without the



influence of such a woman, one in whose footsteps she is proud to follow, and whom she may hope to work up to as years go on.

In closing, let me add that my feeling towards my hospital is that which one feels towards a very pleasant home.

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ANOTHER SUBSCRIBER.

DEAR EDITOR: I wish to correct a statement made in the December JOURNAL in reference to the number of nurses in California. My impression is that there are as many nurses in California, in proportion, as there are in any of the Eastern States, and more are coming every year. The delightful climate and the fact that thousands of tourists make California their home for a number of months of the year are great inducements.

In every community there are those who do not appreciate the graduate nurse, but I feel safe in saying that the number of those who do not appreciate her is no greater in California than in any other State.

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A CALIFORNIA NURSE.

DEAR EDITOR: Mention was made in a recent issue of the JOURNAL (which I read with great pleasure and interest) in regard to so many of our hospital and training-school workers retiring from active work on account of ill-health. I believe the only way to prevent this is to use some of our misdirected energy to solve the problem of economic work. Many nurses, especially institutional workers, allow themselves to be constantly under a severe nervous strain, and are repeatedly approaching the fatigue limit without making the final step over the line into a complete physical collapse. And how unnecessary and easily avoided this final step would be if only we would investigate our own work and methods more carefully, for to rule means to understand, and to understand we must investigate and study our own particular occupation, at the same time cultivating an energetic, *calm*, optimistic mind and equanimity. When we become well poised it does not mean contentment with self, but constant readjustment, until we possess an understanding of the economy of force, which is the secret of working easily and well, and of spending our power to the best advantage. It seems to me that a nurse who has so much individual contact with life's great realities should realize that poise, the point between passiveness and activity, will restore to the body many wasted forces and act as a preventive to that burdensome friction which dims our sense of sympathy towards others and prevents us from seeing clearly how to act and overcome obstacles which our inner calmness and self-control must conquer. Therefore, with the coöperation of poise, we can cultivate those states of mind conducive to health—peace and happiness.

Very sincerely,

EMMA L. POND,

Cromwell, Conn.

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DEAR EDITOR: The necessity of keeping a patient's body warmly covered during operation, the dangers which arise from being chilled while under the depressing effect of an anæsthetic, cannot be repeated too often to nurses.

There are, however, dangers to nurses and doctors, of which I wish to write, brought about by carelessness in unnecessary exposure of a patient's body.

There is much in the work of a nurse which familiarizes her with those things



which become vulgar if made common, and for the protection of her own sense of delicacy and propriety a nurse must be on her guard. She must show by her professional demeanor that she will countenance no conduct that would not be proper if the patient were rational, and she must feel it her duty to guard the patient's rights in the matter of exposure of the body while the patient is in this unconscious condition.

To their honor be it said that the great majority of medical men and nurses are true to the highest ideals of their professions, and feel it a sacred obligation to respect the moral feelings and privacies of their patients. However, occasionally one meets with those whose standards are such that they neither possess the finer moral sense themselves nor respect it in others. Such do not hesitate to make suggestive remarks or relate improper stories, which are often provoked and intensified by the unnecessary exposure of the patient. This reacts upon the character of all who participate therein, and here the dignity of the nurse may often control the situation and act as a damper upon all looseness of conversation. The nurse who dares, even though she stands alone, to show her disgust at such times and her disapproval of these things will gain the respect of even those who participate in such vulgarity, and the good she does to herself and her profession cannot be estimated.

C. S. L.

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DEAR EDITOR: I have felt much interest in your editorial on the use of the male catheter by pupils in training. It is a question which periodically arises, and I well remember my own feelings of consternation, akin to having the floor fall away from one's feet, when I once met in a board of women managers an utter lack of consideration for the sensitiveness of nurses in training on this point, with inability to comprehend the reason for refusal. With *one* exception, the medical men I have known have never held such work to be the duty of the nurse in hospitals, and at a recent conference of hospital directors in Germany (where feeling on such points is supposed to be coarse) it was unanimously decided (and these directors were all men) that pupils should not be required to perform duties repugnant to their feelings.

Many women managers hold an exaggerated view of the difficulty of catheterizing. Any intelligent graduate who knows enough anatomy to realize that two curves instead of one are to be followed can use the male catheter without the slightest difficulty, and we all know that when urgency demands there is no office which a nurse will refuse for any patient. But in a hospital no such urgency exists. If there are no orderlies, there are doctors, and nurses in training should not be required to attend orderly cases.

EX-SUPERINTENDENT.

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DEAR EDITOR: Will you kindly publish in your JOURNAL a list of the various hospitals in New York where nurses may take a post-graduate course in general or special work, and oblige

Yours very sincerely,

MELROSE, MASS.

MARY G. JOY.

[Woman's Memorial, West One-hundred-and-Fourth Street; Woman's Hospital, Lexington Avenue.—ED.]

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DEAR EDITOR: I thought M. L. K.'s diet-lists for a confinement case very good indeed, and would only demur to one of her vegetables,—viz., potatoes.



She mentions potato in each of her four dinners, sweet potatoes once and white potatoes three times. I would suggest, rather, rice, or well-cooked breakfast hominy, or stewed celery, as a vegetable in place of the potato, which my experience has taught me induces constipation and flatus, with the exception of the extremely well-cooked baked potato.

If mashed potato is served to a patient it should be most thoroughly cooked and pressed through a fine colander. I have known people with a tendency to constipation who are quite undone by eating potatoes, while by avoiding them entirely they keep in perfectly good condition.

PRIVATE NURSE.

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To the Editor of THE AMERICAN JOURNAL OF NURSING.

Your correspondent of February 7 seems to have received and has certainly conveyed an entirely wrong impression as to matters connected with the Connecticut Training-School. I may say that the New Haven Hospital was founded seventy-six years ago, and the Training-School was chartered by the Legislature in 1873 and has enjoyed an honorable and peaceful career for twenty-nine years. It has graduated four hundred and seventy-four nurses, many of whom have filled responsible positions in other schools and have turned their training to account on both sides of the Pacific and in the islands east and west. Its Executive Committee includes members of the medical board and hospital directors of long standing. It is therefore with some surprise that this responsible company of men and women find themselves held up to public contumely by your correspondent in your responsible magazine. The impression she seeks to convey and the statements directly made by her close associate and assistant in other nursing journals are equally far from the real state of the case. She knows that the committee of the school wish the pupils to know something of this branch of nursing, and have suitably arranged for it; but she cannot show, for she has never received, any order from anyone requiring that they should "be taught practically" in the wards for men.

The only foundation for her statement was something *entirely apart* from any action of the Executive Committee, was a personal matter between a ward head nurse and a *single member* of the committee, who assumes the whole responsibility of a misunderstanding all round. These are the facts:

That in consequence of the bungling ignorance of "trained nurses" in this matter, a patient known to this committee in a private family has been put to great suffering, and another, with also his physician, to serious inconvenience. It is childish to say that a nurse entirely unaccustomed to certain sudden emergencies in the case of men, especially after surgical operations, can be inspired on the moment to do what is needed, or that she can recall the physician five miles away on his country rounds. If she is worthy her name, or the large sums paid for her services, she will be carefully prepared before leaving the school for the work before her.

This has been impressed upon the Executive Committee of the school, and they have taken the matter into serious consideration. Acting upon their misunderstood wish, a member of the committee, finding a patient apparently dying, *entirely delirious, isolated* in a small room with his attendant alone (an elderly and sedate person), who was giving this treatment, this member of the committee, I say, gave directions to the head nurse of the adjoining ward to secure as much of the needed instruction for herself and assistant as she could by



observation. This, I grant you, was a mistake, but made on a misunderstanding all round. It was, however, a private communication to the ward head nurse alone, for *this case only*, and for *this ward only*. It concerned *nobody else* in the whole hospital. It was respectfully received, demurred to, *never acted upon*, and promptly withdrawn. No candid person will see a resemblance between this isolated act, this *private* personal direction to a single nurse, "never acted upon, and promptly withdrawn," and the assertion made by your correspondent that the committee "require that the pupils of the school be taught practically" this special service. Neither she nor her assistant have received any order whatever justifying such an assertion. The performance of such a service by the pupils in the general wards would be an outrage, and to intimate that it is required is a serious offence.

The committee have met the just complaints of private families by arranging that before terminating their connection (of two years and eight months) with the school, the pupils shall receive instruction in the use of the soft catheter, given only by an attending physician, for little boys in the children's ward. A modesty which sees evil in any service for a sick child is a false modesty and out of place among self-respecting young women in a nursing school. The pupils of the Connecticut School are incapable of it.

I should add that the further assertion of your correspondent, that "The authorities of the hospital will not allow the instruction to be given," is another imaginary thing. Four of these "authorities" are members of the Training-School Board, and no sort of action has been taken by any "authorities" in this matter.

The superintendency of the school has been committed to a lady of maturity and long experience in hospitals.

MRS. FRANCIS BACON.

NEW HAVEN.

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DEAR EDITOR: When fumigating with sulphur at the close of a scarlet-fever case I had a newly equipped bath-room, aside from the room and halls, to attend to. While I know that sulphur injures nickel, I did not know of any way by which to prevent it.

Soon after leaving this case a member of the family said that the plumber told her that the nickel would not have been blackened had I rubbed it with vaseline before fumigating. Would you advise trying this when I have another contagious case? This may be of help to another beginner in private nursing.

I enjoy your magazine very much, and trust that the "Practical Hints" will continue throughout the year.

I suppose that I may speak of the magazine as *our* magazine, now that I am

A NEW SUBSCRIBER.

February 6, 1902.

[The plumber was right, and you should have been taught this in your training-school.—Ed.]

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[LETTERS to the Editor must be accompanied by the name in full and address of the writer, otherwise such communications cannot be recognized. The name need not appear in the JOURNAL unless so desired.—Ed.]



# EDITOR'S MISCELLANY



## LECTURES ON SOCIOLOGY IN THE NEW YORK ASSOCIATED ALUMNÆ STUDY COURSE

MR. ELY gave two very delightful lectures, in which he sketched some of the leading features of modern society. He indicated the revolution caused by the change from hand-work to machines and factory work, showed the causes of unrest among wage-earners, talked of the vast problems, all new, caused by the rise of huge cities, and outlined in a very interesting way the main features of the different schools of thought on the social structure,—socialism, philosophical anarchism, single tax, the moderates or opportunists, those who believe better forms must slowly evolve by education, to which division he himself would seem to belong. He also spoke of the trades-union movement and of the attempts to bring about arbitration and conciliation; spoke of modern scientific attempts to relieve poverty, and strongly urged upon all who would study these subjects in the spirit of science, “first of all to learn facts.”

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## THE INTERNATIONAL COUNCIL OF WOMEN

THE Bulletin issued in December last by Mrs. Ida Husted Harper, chairman of the Press Committee of the International Council of Women, gives a most interesting resumé of the different National Councils and the work they are doing. To mention briefly some of the most striking items:

The Canadian Council of Women has been instrumental in introducing manual training and domestic science into the public schools of Ontario; in appointing women factory inspectors in Quebec and Ontario, and women school trustees in New Brunswick; also in amending laws so that they may be placed on school boards in British Columbia; it has also done much good work in improving the condition of women prisoners, in establishing hospitals, branches of the Red Cross Society, and boards of associated charities. The Victorian Order of Nurses was founded through the efforts of the National Council, and much educational work is being done as to industrial conditions.

In Germany the civic code adopted two years ago permits married women to hold property and control their wages. However, the husband still has sole power as to the custody and education of children. The “woman question” is making great strides in Germany. There are a million women more than men, and many of these must earn their bread. There are now industrial schools for women in the large towns, supported either wholly or in part by the municipality. The first colleges for women, founded in 1893, excited much opposition; now there are a number of successful ones. Two universities, Heidelberg and Freiburg, admit women on equal terms with men. Other universities regard them as “second-class” students, not entitled to a degree; they may, however, pass the state examinations in medicine, dentistry, and pharmacy, but not in law.

In Norway the women have obtained municipal suffrage.

In Denmark a bill was passed in 1901 raising the age of children working in factories from ten to twelve years, and restricting the hours to six for those under fourteen, to ten for those under eighteen. Women are eligible as factory inspectors. Women working in the factories may receive financial assistance



for four weeks after confinement without coming under the Poor Law. (This is the bill of which Mrs. Norrie wrote us last year, and the best features of it were the result of the women's efforts.)

In Holland woman suffrage is being ably advocated by many prominent men and women, and laws have been passed enlarging the sphere of public usefulness for women.

The work of Englishwomen is so extensive that it is impossible even to enumerate their efforts. Mrs. Harper says, "Aside from the International Council of Women itself, there is no such organized body of women in the world as the National Council of Great Britain and Ireland."

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#### DEATH OF A GREAT WOMAN

IN the death of Mrs. Osborn, which occurred on February 7, New York loses one of its ablest women workers in philanthropy. Mrs. Osborn, with her husband, organized the Training-School for Nurses connected with Bellevue Hospital—the first of its kind in America—and was one of its largest supporters until the day of her death. The Children's Aid Society, the Hospital for the Ruptured and Crippled, the Half Orphan Asylum, and the city missions were not only largely supported, but carefully directed, by Mrs. Osborn, either personally or through her sons. She was also influential in establishing the Wilson Industrial School, the School of Design for Women, the Society of Decorative Art, the Hahnemann Hospital, and the Woman's Board of Missions of the Reformed Church. Mrs. Osborn was a woman of rare judgment, clearness of vision, and wonderful executive ability, and she used her great wealth and her social influence for the uplifting of the moral and intellectual life of the community.

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#### CHILD LABOR IN ILLINOIS AND IOWA

WE take the following items from *Charities*:

"According to the annual report of the State Factory Commission, the employment of child labor in Illinois has increased thirty-nine per cent. in the last year. In 1900 the inspectors found fourteen thousand two hundred and fifty-six children at work in the factories, and in 1901 the number had grown to nineteen thousand eight hundred and thirty-nine, an increase of five thousand five hundred and eighty-three. During that time the increase in manufactures was only nine per cent. The last report of the Iowa Bureau of Labor Statistics shows that a large number of children, some as young as ten years of age, are being employed in the factories. The law now prohibits the employment of children under a certain age in coal-mines, but takes no account of child labor in factories. These are some of the abuses which nurses in district work so soon realize as being at the bottom of much avoidable sickness and misery. Mrs. Florence Kelley, who has been heard at different nurses' clubs on the Consumers' League, was formerly factory inspector in Illinois, and did her work so thoroughly that she was put out of the position through the influence of manufacturers who wished to break the law in employing young children. Since her time things have gone from bad to worse in Illinois in the inhuman disregard of the health and freedom of childhood."

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DR. LAWSON C. HUGHES, of 397 Boylston Street, Boston, would like to communicate with someone having a full set of THE AMERICAN JOURNAL OF NURSING that they wish to dispose of.



## EDITORIAL COMMENT



### THE NEW YORK STATE MEETING

THE second meeting of the New York States Nurses' Association was held at the Academy of Medicine in New York City on Thursday and Friday, January 30 and 31, 1902, the president, Miss Sylveen V. Nye, in the chair.

By a majority of fifty-four to nineteen the eligibility standard was fixed upon the composite lines which have been advocated in this JOURNAL, and graduates from training-schools connected with general hospitals, without regard to size, and from schools connected with the New York State hospitals for the insane and those from other States having the same standard were declared eligible for membership. This result was reached after a prolonged and bitter struggle, won by the women whose training in the broader alumnae associations and clubs had given them a clearer comprehension of the situation, with the self-control and toleration which comes to men and women alike only through experience in organization work.

It will be remembered by those women who attended the first meeting in Albany that a constitution was adopted there, and that this constitution was purposely made as brief as possible, containing only the name and the object of the association and the names of the officers, being purposely limited to the articles required by law in incorporation. It was decided by that body that, in view of the fact that the society was in a constructive stage, all other regulations for its management should be incorporated in the by-laws, where they could be more easily amended, as during the first few years it would undoubtedly be necessary to make frequent changes in the construction of the society. No provision was made at the Albany meeting for incorporation, but a committee of five was appointed from the floor to act with the officers in preparing a set of by-laws which were to be submitted for the consideration of the members at the next meeting.

At the meeting in New York the roll-call showed seventeen (afterwards increased to twenty-two) out of fifty-five members enrolled at the Albany meeting to be present, while on the other side of the house was a much larger body of nurses who had come into the meeting, many of them prominent, well-known women in the profession, with others who were unknown to the majority of the original members.

After the reading of the minutes of the Albany meeting and the roll-call, upon a suggestion from the chair a motion was made that a recess of fifteen minutes should be taken, and that those visiting members who wished to join the association should be given the opportunity of enrolling their names and paying one dollar and a half as an initiation fee, and be given the full privilege of membership, with the right to vote. This motion led to an animated discussion, in which objection was raised by one party that it was irregular and inexpedient to admit more members until after the eligibility standard had been fixed, while it was argued by the other side, and also by the chair, that, in view of



the fact that the society was not incorporated, eligibility was not required, but that members should be admitted to this meeting to become charter members upon the same lines as those who had joined the society at Albany. The motion, being finally put to vote, was lost.

Next came the report of the By-Laws Committee, which was read by the chairman, Miss Davids, in which were outlined practically the standards of eligibility and membership which were afterwards adopted. Immediately the chair presented to the audience a printed constitution containing ten articles, the first three articles being an exact reproduction of those adopted by the society in Albany. This printed paper was distributed to the members and visitors present. Miss Palmer asked the chair who had prepared this printed constitution, stating that she, as a member of the By-Laws Committee, had not known of its preparation until this moment. The chair explained that the printed constitution was of her own preparation, that she had been unable, for various personal reasons, to call the committee together, and in the discussion which followed the following facts were brought out: The By-Laws Committee was composed of the officers and five members, one-half of whom lived in New York or its immediate vicinity, the other five residing in the western section of the State. At the hurried meeting held in the Albany Hospital, after the Albany meeting, it was decided that those members residing in the eastern section of the State should prepare suggestions for by-laws, which should be sent to the president and by her transmitted to the other members in the western section of the State. The eastern members did their work and submitted their skeleton early in June, but the western members had never been called together and had been given no opportunity to know that the suggestions had been made by the other half of the committee, and the presentation of the entirely new constitution by the chair came as a great surprise to the members of the committee and was most demoralizing in its influence upon the audience. Further, it was brought out in discussion that there had been no meeting of the officers of the association since their election. The president had arranged for the rental of the Academy of Medicine, but had not engaged an official stenographer, the unfortunate result being much trouble for the secretary, and leaving the sensational newspaper reports as the only public record of the proceedings. Her explanation of want of time owing to unusual pressure of business, complicated with serious illness in her family, was accepted in a cordial spirit.

The point was then made that as the three first articles, dealing with the name, object, and officers, had been adopted at Albany they could not be brought up again for action, and that the fourth article in the printed constitution presented by the chair, dealing with "Duties of Officers," should be taken as Article I. in the by-laws and accepted without change. This was carried. The next article in the paper presented by the chair, under "Members," was worded as follows:

"All nurses residing in New York State who have graduated from a training-school connected with a hospital existing in conformity with the laws of its State, and giving a course of training of two years or over, or, if graduation occurred prior to January 1, 1897, of one year or over, are eligible to membership."

This clause as it stood was lost with but little discussion, and a motion having been made by Miss Palmer that the eligibility clause as submitted by the eastern members of the By-Laws Committee should be considered, the remainder of the day was spent in its discussion. The time for adjournment came without



the motion having been brought to vote, although calls of "Question" were repeatedly made. The chair requested that the motion be held over until the next day.

Upon the opening of the session on Friday Miss Palmer withdrew her motion for the purpose of making a fresh start and ending the fruitless discussion of the preceding day, after which a reconsideration of the question to admit the visitors to membership was asked for by the chair, and upon motion being made in proper form it was carried without opposition. A recess was taken and sixty-two nurses enrolled, after which came the noon adjournment.

At the afternoon session the chair pronounced the proceedings of the previous day as to eligibility as "null and void," and called for a re-reading of the Albany minutes for the benefit of the new members. Miss Davids then moved an adjournment on the ground of the incomplete work of the By-Laws Committee. Miss Dock objected, as it would be a waste of time and money for many who had come long distances at their own expense, and asked Miss Davids to withdraw her motion for adjournment, but this she declined to do. The motion was put to vote and lost. Miss Dock then proposed putting aside the work of the eastern members of the By-Laws Committee and taking up again the printed form presented by the president as a basis upon which to work. This was carried. The article relating to members was then again considered, to which Miss Dock proposed the following amendment:

"SECTION I. *Eligibility.* All resident nurses of New York State who have graduated from general hospitals, without regard to the present size, and from New York State hospitals for the insane and those from other States having a standard equal to that of the New York State hospitals, giving a course of training of two years or over, or, if graduation occurred prior to January 1, 1897, of one year or over, shall be eligible to membership."

She then proposed as Section II. of the same article the following:

"SECTION II. *Composition of Members.* Members may be delegates from organized local associations in proportion to their number, with votes proportionate to their constituency, and individual members having each a single vote, such members to be asked to organize into local associations when they shall have reached twenty-five members in a county."

This was also carried by fifty-four to nineteen.

It was three o'clock of the afternoon of the last session when this motion was proposed, and but one hour remained for work. In this time, in spite of occasional attempts which were still made to obstruct or delay proceedings, the articles remaining on the president's constitution were considered one by one, amended, and adopted, forming the basis of a set of by-laws,—incomplete, it is true, but still covering the most important points.

The whole question of dues was held over to be considered at the next meeting, as the brief time made it impossible to give so important a subject proper deliberation. A Committee on Nominations was appointed, also a Committee on Incorporation, with instructions to act immediately. The annual meeting, which had been fixed in the president's constitution for the third Tuesday in January, 1903, was amended to read, "the third Tuesday in April, 1902," which is the calendar year from the Albany meeting.

At the April meeting the question of dues must be finally completed and many minor regulations in the by-laws must be agreed upon. The appointment of a committee to study the question of submitting a bill to the Legislature might be made. This committee should present its report at a later meeting. We hold



that fairness and integrity demand that there should be the fullest opportunity given to every member to share in the preparation of such a bill, and that no steps should be taken towards the preparation of a bill or towards legislation until the by-laws are completed and it has been demonstrated that the society is properly organized for work. When the time comes for the association to present the bill at Albany they must be able to say that it has been considered and approved by the majority at least of all the nurses in the State. They must also have time to secure for it the support of the public through organized bodies of all kinds, otherwise they will not succeed nor deserve to succeed.

It now rests with all the local organizations to show that they feel the responsibility of maintaining a strong, conservative policy in the State Association by representative self-government.

At the April meeting, until the question of quorum has been fixed in the by-laws, any number of members present, however small, can transact business.

No new members can be admitted at this meeting until the by-laws have been completed and a committee appointed to consider applications.

Members who are delegates should be instructed by their societies as to what they consider a fair proportion of votes, whether it shall be a vote for every ten members or twenty-five members, and in what proportion the members shall be assessed per capita. The usual assessment for multiple representation is ten cents per capita. This ratio is followed by the Trained Nurses' Associated Alumnae of the United States and by the largest and most representative women's clubs of different kinds in the country.

It is conceded by the leaders who have advocated composite membership with plural voting that this is not the ideal plan for the organization of a State society, but in the beginning it seems to be the only just way of recognizing and utilizing the organizations already in existence, and at the same time of giving recognition to the individual members of the profession who are living in sections of the country where no organizations exist. The ideal organization for the future is the County Association, and as the years go on this will undoubtedly be the lines upon which the State Association will be developed.

#### AN IMPORTANT CORRECTION

One of the many sensational newspaper reports we feel we may, without loss of dignity, correct. It relates to the discussion held on Article V. of the president's by-laws, providing for "three trustees," which raised the question of the advisability of including physicians in the management of the association. Miss Dock drew attention to the troubles and difficulties which had arisen in other countries by giving the control of nurses' organizations into the hands of medical men, arguing that the most ethical men, whom we most esteem, would refuse to hold such positions, while they would always be willing to advise and help us, while those who would be willing to assume such positions would be the ones who could not always be trusted to work for our interests, and that they might prevent our development as individuals and as women. She finished by saying, "As my only brother is a medical man, I think I cannot be accused of disloyalty to the medical profession." Miss Palmer then arose and claimed the right to endorse all that Miss Dock had said, as she was the daughter of a physician. The newspaper reports of these remarks represented them as an attack upon physicians, which was wholly false.









MISS LINDA RICHARDS, WITH HER INTERPRETER, YOGI SAN, IN A JINRIKISHA, KYOTO, JAPAN



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## NURSING PROGRESS IN JAPAN

BY LINDA RICHARDS

Formerly Superintendent of Nurses at Kyoto, Japan; Superintendent of Nurses,  
Taunton Insane Hospital, Mass.

FIFTEEN years have passed since the first training-school was organized in Japan,—years of wonderful progress for the nation. Japanese women have in this time come forward to stand side by side with women of other nations, and in this progressive movement the nursing profession has proved no insignificant factor.

America, when feeling the necessity of organizing training-schools for nurses, went to England for help and counsel. After seeing the good accomplished through them here, and having a desire to help her neighbors, America in turn carried the system to Japan, and at a time when Japan was most anxious to adopt any new measure which would prove of value to the country.

So it came to pass that the first training-school for nurses in Japan was organized and for a time controlled by Americans. At first, like all new movements, it was carefully watched, to see if it really was just what was wanted to meet the demands. Japanese officials, who at that time were in America and Europe, looked into foreign methods to compare them upon returning home with those of their own school. There are no people more quick to recognize merit in any enterprise than the Japanese, nor can a people be found who will more quickly detect weak points. Notes of merit and demerit were carefully made, and soon it was pronounced a good and desirable thing. If really good, it was worth copying, and shortly a second and much more important school was opened, this second school having for its patroness no less important a person than the Empress. It was organized in connection with the Empress's hospital, and, of course, received the sanction and



support of the government. Thus, with the commencement of the training-school movement, was the nursing profession placed upon a very firm foundation, and at once became popular.

The primary object in establishing training-schools for nurses in Japan was to provide for young women an additional profession, by means of which they could become self-supporting and at the same time maintain their social position and dignity. A few had become teachers, but the demand for their services was small, and the training-school movement, coming at this time, proved a blessing indeed. The Japanese did not consider all methods in use in foreign schools perfect, and decided to improve upon them. If training-schools were to benefit women, they should, it was thought, be educational institutions, and pupils in these schools should have similar advantages to those in other schools. They must be treated as scholars, and an entrance examination was required. The nurses were to be self-supporting, the hours of duty must be fixed, and those for study, lectures, and recitations many. Most of the applicants were graduates from good schools,—young women of high purpose, with a determination to succeed, and to such success is assured. The course was two years in the hospital. Nurses were not to be sent out during their term of training. Occasionally a nurse was allowed to pass a few days at the home of some person whose friendship was desirable to the advancement of the cause of nursing, and in such cases the superintendent of the school made a daily visit to the nurse and patient. Some very valuable and permanent friends were in this way secured to the school and profession. It was most gratifying to see with what tact these pupil nurses, themselves so young in their work, introduced new methods into these homes, and also how gladly all instruction was received. These little women from the first became valuable instructors to those less favored than themselves.

Until the time of the organization of training-schools Japan had no system of nursing in the hospital or home. If a member of a family was for any cause taken to a hospital, the other members of the family went in turn to stay with and care for him, and it was from their own trained nurses that the Japanese learned the necessity of better care for the sick. Is it surprising that before the first graduates had received their well-earned diplomas they were engaged to fill positions? Some were to enter government hospitals as chief nurses to have charge of the nursing staff, others to do private nursing. The former were to be paid eight yen, or Japanese dollars, monthly, besides board and laundry; the latter received ten yen monthly. This was considered an extravagant sum, and compared not unfavorably with the fifteen dollars a week paid our first graduates.





THIRD GRADUATING CLASS, DOSHISHA HOSPITAL, KYOTO, JAPAN





INTERPRETER AND FIRST AND SECOND ASSISTANTS,  
DOSHISHA HOSPITAL, KYOTO, JAPAN



It is pleasant to remember how from the first the services of these graduate nurses were appreciated, and with what respect and consideration they were treated. The time soon came when they were given an opportunity to prove to their country, as in no other way they could have done, the value of their training. China and Japan were at war, and the government called for nurses to care for the sick and wounded soldiers. The pioneer school responded first and sent a matron with a band of graduate nurses, other matrons and bands of nurses went also, and all won laurels for themselves and for their profession. With the war came an increase in the salary of the nurse, and she received double the amount that she did when first she left the school. Nor did the advance cease when peace was proclaimed; it continued till to-day the Japanese nurse receives thirty yen a month, and this for a day of eight hours, and in private work as well as in hospitals. This is progress indeed. The first graduates who became private nurses worked as many hours daily as do ours. But Japan is progressive, and her nurses find no difficulty in managing the matter; they simply say, "My day is eight hours," and this in a manner which, while very sweet and lady-like, leaves no room for discussion.

This question is often asked, "Are the Japanese nurses who are trained in their own schools as well and thoroughly instructed as nurses in schools in other countries?" "Surely they are," is the reply which we are most happy to give. Not a few of the superintendents of their training-schools have been educated abroad, while those educated in their own schools are probably as well prepared to teach as they. Their surgeons have had every advantage of foreign study. In their operating-rooms will be found all modern appliances, and the technique is as faultless as in our leading hospitals. The gynecologists and obstetricians rank with those of any country. The medical cases are as varied as in our hospitals, and the treatment given is the same.

It will easily be seen that the advantages given the Japanese nurses are in no way inferior to those received by other nurses, and these advantages they have with many less trials than our own nurses. They are not troubled over an eight-hour system, nor have they spent hours in heated discussion over the pay versus the non-pay system. They have not labored hard and with limited success over a universal curriculum. All these problems were settled for them in advance. They have no knowledge of schools whose nurses are sent out as a means of revenue, nor have they heard of schools organized to provide the best nursing for the patients with the least expense. Their training-schools are educational institutions, organized for their benefit and in which they can receive most excellent instruction and training, while at the



same time proving themselves of the greatest service to suffering humanity. These nurses will be found in touch with every advance movement which is in any way connected with their profession. They reach out helping hands in every direction. Their services are sought and fully appreciated and their knowledge respected. They are valued members of society wherever they are to be found. They are ever on the alert, and though quiet and very modest, make steady and sure progress.

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## THE HYGIENE OF THE HOUSEHOLD

By EVELEEN HARRISON

Graduate Post-Graduate Hospital, New York

“ . . . . I LOVE to see Nature do her spring house-cleaning in Kentucky, with the rain-clouds for her water-bucket and the winds for her brooms. . . .

“How she dashes pailful and pailful into every corner, till the whole earth is as clean as a new floor. Another day she attacks the piles of dead leaves, where they have lain since last October, and scatters them in a trice, so that every cranny may be sunned and aired. Or, grasping her long brooms by the handles, she will go into the woods and beat the icicles off the big trees, as a housewife would brush down cobwebs. . . .

“This done, she begins to hang up soft, new green curtains at the forest windows, and to spread over her floor a new carpet of an emerald loveliness such as no mortal loom could ever have woven.”

So writes James Lane Allen in his charming little idyl, “A Kentucky Cardinal,” showing us in his inimitable style that Dame Nature is thoroughly up to date in the modern hygienic method of spring house-cleaning, and it only remains for us to follow her good example through April’s sun and showers.

I wonder how many house-mothers have paused to consider the value of sunshine and fresh air, not only in our bodies, but also in our homes, for here lies the very first principle of the hygiene of the household.

One writer brought forward lately the theory that to the absence of sunshine in the flats and apartments of our large cities might possibly be traced—to some extent—the cause of the number of children we see in the streets disfigured by spectacles, as he argues that their eyes are weakened by groping around in semi-dark rooms.

Is it not the case that in the larger number of apartments—even those of high rent—the only room into which the sun shines is the parlor or reception-room, the part of the home least used by the family?

Our grandmothers’ idea that we ought never to sleep in a room



which the sun does not visit some part of the day is a good maxim, and if acted upon would prevent much sickness.

It is not necessary in this little article to go into the details of house-cleaning, as the art is already well known; my aim is to give a few suggestions as to the way the home may be furnished and maintained according to the most approved methods of hygiene without detracting from its artistic appearance.

Shall we take, to start with, the modern nursery. What mother does not delight in fitting up her nursery in the daintiest manner for the wee folk? At the Pan-American a nursery was shown that was a thing of joy and beauty, besides having a firm groundwork of common-sense. We will follow on the lines it has laid down.

Walls covered with burlap,—a bright, cheery color,—which when enamelled may be washed with soap and water as often as required. (There is a firm in Boston which makes a specialty of nursery wall-papers, inexpensive and yet capable of being washed without injury.) The carpet plain and strong, lined with extra heavy felt, so that the little ones may play on the floor and not be in danger of taking cold. The windows draped with white muslin or net curtains, well looped back to let in lots of sunshine and to allow the children to see the outer world.

On the walls hang up some colored pictures, which might be cut from magazines. Copies of good paintings with correct but not harsh coloring will assist in training the child's eye. A row of shelves on one side, wide enough to hold toys, and covered by flowered cretonne, to be entirely given over to the children, so that each one may have an especial shelf for his own belongings. The chairs might be of willow-grass, bamboo work, or soft, green prairie-grass, easily movable, pretty to look at, and kept clean without trouble, and a low table with tiny chairs for the younger ones who are learning the delightful Kindergarten games and books.

On a high shelf in an adjoining closet should be kept an alcohol stove, saucepan, measuring-glass, spoon, safety matches, etc. Need I add that medicines must be kept locked up, and, if possible, on a high shelf out of the child's reach, for fear that through carelessness the key might be left in the door.

If an open fire is necessary in the nursery, a wire screen, completely covering the fireplace, should never be out of place.

Hang up a canary in one window, stand a bowl of gold-fish and some growing plants in the other, and your little ones will have a nursery fit for a king's son and arranged according to the latest laws of hygiene.

I have purposely omitted to mention the beds, as I wish to urge the importance, when it is practicable, of following the English custom



and having a day and night nursery. The night nursery may be much the smallest, and, if necessary, in another part of the house, containing only the iron or brass bedsteads, with hair mattresses and hair pillows, the bed for the nurse, and a chiffonier. It has been proved by all who have tried this plan that it adds immensely to the health and comfort of the children.

The night nursery may be aired all day, the day nursery all night, and as the larger part of the child's life is spent in the nursery,—even to the taking of meals in some homes,—the advantage of a change from one room to another is plainly to be seen. However, in small houses it is not possible to give up two rooms for this purpose, and therefore a double amount of care must be taken in airing the nursery night and morning. In a future talk I hope to go more fully into the question of ventilation, but at present I will pass on to the other rooms of the house.

The bed is of necessity the central point in the sleeping-rooms, scrupulous cleanliness and snowy whiteness its chief adornment.

I have no liking for colored draperies except in the homes of the very wealthy, where heavy damasks and brocades of delicate tints may harmonize well with stately surroundings, but in the average American home white is the daintiest, most suitable, and most restful of all colors. Draperies, counterpane, pillow-shams or bolster-case of dimity, lace, net, or more serviceable material, with a touch of color in the ribbon that loops the drapery and runs through the lace beading of the pillow-covers.

The graceful brass or iron bedstead has taken the place of the old-fashioned wooden structure, which filled up half the room with solemn grandeur, and offered secure hiding-places for the popular ghost or burglar behind its voluminous drapery.

The feather mattress is so entirely a thing of the past that it is needless to do more than mention its healthier and more comfortable sister, the hair mattress. Blankets that may be washed or cleaned at least once a year are far preferable to the colored comfortable, which adds so much dead weight to the bedclothes without giving an equal amount of warmth.

One is far more inclined to drop down on a sofa during the day for a few moments' rest than if obliged to disturb the snowy draperies of the bed, so a lounge at the foot of the bed or in a cosy corner is required to invite the over-tired mother to close her eyes for a brief space to the household cares, and an Italian blanket or light rug must be within easy reach to throw over her, or a cold will surely follow.

Busy women who are much on their feet will appreciate a low dressing-table, where the hair may be dressed while seated.

A polished floor, with rugs to be shaken every week, is of the utmost



importance to prevent the accumulation of dust and germs that might be inhaled while sleeping.

One set of window draperies, white or soft cream, with dark shades or blinds to shut out the early morning light, is desirable. And here I would say a word about the importance of placing the bed so that the light will not fall directly on the eyes. I have been surprised to find that no thought of this is taken in the average home, and yet the early morning headache many people suffer from is often due to this fact, as I have proved by bitter experience.

Above all, don't crowd your rooms with useless fripperies. There are bedrooms where everything is ruffled and embroidered, and where the eye is bewildered by the heap of useless trifles kept "for show."

In a recent publication there appeared a description given by a trained nurse of a case of nervous prostration which baffled all attempts of physician and nurse to relieve the sufferer, and no apparent cause was found to account for the continued depression.

The nurse studied the case earnestly, and finally told the doctor she thought she had solved the groundwork of the trouble. The patient lived in a most luxurious house, but from garret to cellar it was so crowded with furniture, bric-a-brac, curios, and drapery as to give a feeling of suffocation after living in its atmosphere for even a few days. The patient's bedroom in particular was overflowing with useless frills; hardly a space on the wall not covered with a picture; tables and mantel loaded with bric-a-brac; bed, dressing-table, couch, pillows, and patient's clothing covered with ruffles of lace and fine needlework which had taken her months of close work to accomplish; and, finally, the windows were draped heavily with four sets of curtains, entirely shutting out sunlight, view, and air.

After an earnest consultation with the doctor the nurse took possession of the spare bedroom,—which was decorated in like manner as the rest of the house,—had everything removed, and fitted it up in the simplest style.

Only three or four good pictures were allowed on the walls, the bed arrayed in simple white coverlet and hemstitched draperies. One pair of net curtains framed the windows and a green shade softened the light. A comfortable lounge, easy-chair, few bright books, photographs and magazines, growing plants, and open fire completed the arrangements, and then the patient was carried in and placed on the lounge in front of the window, where she had an uninterrupted view of the sun setting behind some glorious hills.

At first she was distressed and amazed at the change from her overcrowded, shut-in room, but gradually a look of rest and peace crept into



her eyes; and in the days that followed the anxious lines which had gathered in her face over the care of her many belongings vanished, and ere long she arose from her bed of sickness with the quiet, restful, contented spirit she had lost sight of for years in the struggle to ornament her home.

(To be continued.)

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## LEAVES FROM THE NOTE-BOOK OF A BELLEVUE NURSE

### LECTURE III.—FLUIDS OF THE BODY

(Continued from page 437)

THE human body is composed of three different elements, viz.:

(1) Solids—Muscle, Nerve, Bone.

(2) Fluids—Blood, Lymph and Chyle, Transudations, Secretions, Excretions.

(3) Gases—Oxygen, Nitrogen, Carbonic.

Of the solids of the body we will have little to say now. The fluids may, for the sake of convenience, be subdivided into (1) those fluids that remain in the body and have a constant chemical and physical character, except for the changes that occur in them as a result of the process of regeneration and functional action in the body. These fluids consist of (1) blood, (2) lymph, (3) chyle. The two classes of body fluids do not exist preformed in the body, and are of three distinct kinds in character, viz.:

(1) Secretions—Gastric, Saliva, Bile.

(2) Excretions—Urine, Perspiration, Bile.

(3) Transudations—Peritoneal, Pleural.

#### SECRETIONS.

A secretion is a fluid that is formed in the body, by glands and epithelium, out of entirely different substances that are furnished by the blood, and when they have been used for the purpose for which they were intended, they are reabsorbed by the blood as the elements from which they were made by the glands.

#### EXCRETIONS.

Excretion is not a part of the blood,—it does not exist preformed in the blood, but is composed of effete matter. The blood acts simply as a vehicle to carry it to the proper organ in the body. The excretions



are not reabsorbed into the blood in health, but in disease they are, and cause symptoms of disease.

#### BLOOD AND BLOOD-VESSELS.

We will consider now the fluids of the body in the form in which we have arranged them. The blood is the most abundant and highly organized fluid in the body. On account of its function of carrying nutrition to the tissues of the body, and taking up the effete matter and carrying it to the proper organ for secretion, it must itself constantly undergo changes of cleansing and regeneration.

The blood gets to the tissues and organs of the body by being forced through the blood-vessels by the heart. There are some tissues of the body which contain no blood-vessels, as the epidermis (cellular layer of skin), nails, hair, etc. They get their nutrition from neighboring parts.

The mechanism of the circulation of the blood in the body was first discovered by Harvey in 1616, but there were certain anatomical facts known about it before this time, as, for example, it was known that there were blood-vessels, heart, etc., but the mechanism was not understood. Aristotle (325 B.C.) knew that there was a heart and blood-vessels, but he thought that the air breathed in by the lungs went to the heart and blood-vessels.

The heart is a hollow, cone-shaped organ, weighing from eight to twelve ounces, lying in the thoracic cavity, or chest. Its base is stationary, being attached to the spinal column by folds of the pericardium, and lies in the median line of the body, about on a level with the fifth or sixth dorsal vertebra. The apex extends downward, outward, and forward to the left side, and strikes the outward part of the chest between the fifth and sixth ribs one-half or one-third to the left of the median line. The heart is a hollow organ having four distinct cavities, two on the right and two on the left, known respectively as the right and left auricle and the right and left ventricle. The walls of the cavities are composed of muscular fibre lined by a membrane (endocardium), which is similar to and continuous with the inner layer of the arteries. The heart is covered externally by a serous membrane, the pericardium, containing one drachm of fluid for lubrication. The right heart is a little larger than the left, and the ventricle larger than the auricle. The ventricle when full will hold from four to seven ounces of blood, but probably expels at each beat only about two ounces, and if we consider that a heart beats seventy times in one minute we will see that one hundred and forty ounces, or about eight and one-half pints, of blood go through it in a minute.

When the ventricle contracts we speak of it as systole, and this is



synchronous with the pulse, and occurs about seventy times in a minute; it is a little slower in women and children, and faster in men. When the heart is filling with blood we speak of it as diastole, and when filling it is resting one-half of the time.

The auricles contract immediately before the ventricles, and by so doing force the blood into the ventricles, and these in turn throw it to the lungs and general system. The course that the blood takes in the heart is as follows: The venous blood, loaded with effete matter from the tissues of the body, is emptied by the smaller veins into the larger veins, vena cava ascending (from below) and vena cava descending (from above), and these two veins empty into the right auricle; this contracts and forces the blood into the right ventricle, and this in turn contracts and forces it into the lungs through the pulmonary arteries. This pulmonary circulation, known as the lesser circulation in contradistinction to the systemic or greater, receives the blood from the ventricles, there partially regenerates it, making it a bright red color, arterial, and then it goes by way of the pulmonary veins to the left auricle and thence to the left ventricle, and thence into the system. It can be seen, then, that the heart contains two different kinds of blood, arterial and venous. The two ventricles contract at the same time.

#### BLOOD-VESSELS.

Blood-vessels are channels (circular) through which the blood gets to and from the tissues. There are three kinds, viz., arteries, capillaries, and veins. There are also three kinds of arteries, large, medium, and small. They differ only in the composition of the coats. The inner coat of the veins and heart is the same, and is principally made up of endothelial cells. There are two other coats.

In the larger arteries, as the aorta, subclavian, iliac, etc., the middle coat is composed of yellow elastic tissue and external fibrous tissue, with a very few muscular fibres. The middle coat of the middle and small arteries is mostly muscular, the external coat is fibrous. It is this muscular coat that controls and equalizes the flow of blood from the heart. The current of blood in the large and medium arteries is intermittent, in the smaller remittent, and when it strikes capillaries it becomes continuous. The vaso-motor nerves control the muscular coat of the arteries and regulate the tension. When these nerves are stimulated the tension becomes high, and then the pulse is less compressible than usual. The tension may become so great that the pulse becomes "small and wiry," or the tension may be nothing; then the pulse is very soft, and when full we have a "gaseous pulse." A dicrotic pulse is when the fingers seem to feel two distinct beats with each contraction of the heart. This



occurs when the tension is below normal and the heart is beating forcibly, as in the first and second week of typhoid fever. By feeling the pulse one is enlightened as to the action of the heart and the condition of the arteries and blood. In feeling a pulse we note (1) frequency, (2) rhythm, (3) volume and strength, (4) tension or resistance. There are many conditions that accelerate the pulse above the normal, sixty-five to seventy-five beats per minute,—mental emotion, exercise, rapid breathing, or anything that stimulates the heart. Many conditions cause a slow heart, such as digitalis poisoning, exposure to cold and wet.

#### RHYTHM.

The normal rhythm is when one beat follows another in regular succession. The rhythm becomes irregular in cardiac and cerebral disease.

#### VOLUME AND STRENGTH.

The two conditions are similar and often associated, but are not identical. By volume is meant the size of the pulse. By strength is meant the force by which the blood is driven through the arteries. A pulse is said to be full when the artery feels as if it were thoroughly distended, and usually a strong pulse is a full one. This is a pulse of plethora of health, and occurs in the beginning of fevers and active inflammation. A full pulse is not always strong, as in a "gaseous pulse," which denotes exhaustion; there is plenty of volume in it, but no tension or force to the current. It feels as if a bubble of gas were in the vessels. A small pulse is when the arteries seem to be not entirely full, and is usually associated with weakness and debility. A small pulse is not always weak, as in the wiry pulse due to increase of arterial tension in peritoneal inflammation, etc.

#### ARTERIAL TENSION.

As before said, the muscular coats of the arteries are controlled by the vaso-motor nerves, which belong to the sympathetic nervous system and have their centre in the medulla. When these nerves are stimulated their arteries contract, and vice versa. By arterial tension or blood-pressure is meant that resistance normally felt in the arteries when pressure is made upon them with the fingers. Blood-pressure is maintained by the contraction of the heart and tension of the arteries and arterioles. Anything that causes the heart to beat stronger or stimulates the vaso-motor nerves increases the tension, and vice versa. The tension is increased in many diseases, as Bright's, pneumonia, heart disease, and inflammation below the diaphragm. In the beginning of peritonitis and appendicitis we have a "wiry pulse." In pneumonia the poison in the blood often increases the tension to such an extent that it may paralyze



the heart, as in angina pectoris the tension is greatly increased. We call the pulse a "hard pulse" in this case. This must not, however, be mistaken for the "hard pulse" due to hardening of the arterial walls from an inflaming process occurring in them. This process weakens the walls of the vessels, and then often when tension is increased we have rupture of an artery, usually in the brain, with the symptoms that go with apoplexy. This can often be prevented if the tension is watched and kept down. When there is loss of tension we call it a soft pulse, or a compressible pulse. This occurs in low fever, hemorrhage, and debilitating diseases. There is another condition which has to do almost entirely with the elasticity of the artery, and that is dicrotism, which occurs when the tension is very low. It is that condition in which one seems to feel two distinct pulsations with each beat of the heart, due to vibration of the blood-current, which is in turn caused by elasticity of vessels. An intermittent pulse is when the heart misses a beat, which is due to the heart contracting too weakly to make a pulse. Deficiency is when the heart does not really contract.

When an artery becomes one-fifteenth or one-twelfth of an inch, then it is a small artery, and they are called small until they have but a single coat and only one corpuscle can get along in them at a time, when they become capillaries. Capillaries are ultimate endings of an artery, and consist of a single coat, which is the inner coat of the arteries, and it is there that there is an exchange of nutrition, etc., between the blood and tissue. They inosculate freely with one another, and in them the blood-current becomes very slow and the stream continuous, except in certain forms of heart disease, when there is a pulsation or intermittent flow. The capillaries empty into the veins, which are smaller vessels at their origin and become larger as they approach the heart. The veins are vessels that return the blood from the tissues to the heart, have three coats, but no power of contraction, because they have no muscles except in the larger ones. They are slightly elastic but stronger than the arteries, collapse when cut, and have valves to prevent a backward flow.

(To be continued.)





**DISTRICT NURSING IN CANADA\***

By CHARLOTTE McCLOUD

Superintendent of the Victorian Order in Canada

THE pioneers in district nursing in Canada were the Sisters of Charity, who also led the way in hospital nursing. The well-known Sisters of Providence have long been engaged in this work, especially in the cities of the Province of Quebec. They go their rounds in pairs, taking with them whatever material is necessary for the services they may be called upon to perform, and they frequently remain hours, or even days, with patients who are too ill to be left in the care of inexperienced hands.

Several of the hospitals also send their nurses out as district nurses, notably the Maternity and Western Hospitals in Montreal. The Winnipeg General Hospital has boarded and lodged one of its graduates for this purpose for the last three years. Nor has the field been left entirely to the hospitals and orders mentioned. Various philanthropic societies have taken up the work of district nursing and are doing all in their power to thus lessen the sufferings of humanity. Perhaps the one of longest standing is the Nursing-at-Home Mission in Toronto, which began operations about fourteen years ago in this lovely way:

A nurse, who was taking a post-graduate course at the Children's Hospital in Toronto, was so impressed with the sad condition in which many of the children were brought to the hospital that she determined to see what could be done by carrying the skill and tenderness of a trained nurse into the homes of the poor. She therefore left the hospital, rented a room, and began work in the district. Her example of devotion was soon followed by another nurse, and shortly afterwards this work came under the auspices of the Mission Union. Finally a home was provided where three women were taken in for training. The superintendent, who is herself a thoroughly qualified nurse, visits the patients with the probationers and gives them practical lessons at the bedside. Experience is also gained in a free dispensary with which the home has been connected for the last seven years. Courses of lectures too are given to the nurses by many of the physicians who employ their services. The period of probation is two years, after which time a diploma is granted. The rate of remuneration received by these nurses depends entirely upon the amount of charity support accorded the mission from year to year, the work itself being the first consideration. In the report for 1900 it was stated:

\* Read at the Congress in Buffalo, September, 1901.



“Gratuities to nurses (eight in number), four hundred and twenty-one dollars and twenty-five cents. In addition to the home being rent free, there is a city grant of two hundred and fifty dollars, but the remainder of the support is from voluntary subscriptions, no charges being made to the patients.”

Two sets of deaconesses, the Anglican and the Methodist, do district nursing also in the city of Toronto. Some of these women are admitted to Grace Hospital and Western Hospital for three-months' training, and afterwards, in connection with their course in church and Bible history, they go out in district nursing work during the remainder of their two years.

In Montreal district nursing started in connection with a diet dispensary which was established in 1879, but it was not until six years later that the necessity for a visiting nurse became apparent to the managers of the institution. The success of this nurse's work was so marked that very soon an assistant was appointed. Neither of these women was trained, but the pioneer in the work served for thirteen years before her retirement.

Early in the year 1897, the year of the celebration of our late beloved Queen's Diamond Jubilee, the women of Western or Newer Canada recommended that an organization be formed as a Jubilee offering to her Majesty which would provide nursing service in the more remote districts of the dominion. The Countess of Aberdeen, wife of the then Governor-General of Canada, responded in a most enthusiastic manner to this proposal. But to carry such a scheme to a successful issue in so varied and extensive a country as Canada proved to be a difficult task. When the project known as the Victorian Order of Nurses for Canada was finally launched, owing to the false rumors as to the aims of the order, it met with little or no favorable response from either doctors or nurses. Dr. Alfred Worcester, of Waltham, Mass., who was invited by the Countess of Aberdeen for this purpose, aided very materially in overcoming the prejudices of many by giving addresses in some of the larger cities on district nursing, and by showing how the Victorian Order might be managed on more economical lines than were at first thought possible. Finally a fund was started and organization began. The constitution, by-laws, and regulations were drawn up and a royal charter procured. The royal charter authorized the formation of a Board of Governors which should have the management and control of the order and of its affairs, and it also appointed his Excellency the Governor-General of Canada as patron.

Five members of the Board of Governors are selected by the patron, and the others by the Canadian Medical Association, by each Provincial



Medical Association, and by each local association according to the amount of its yearly income. There is an Executive Council, made up from the members of the board, whose numbers and powers are defined by the governors.

The chief lady superintendent is appointed by the Board of Governors, and the most prominent among her duties are the organizing of new branches, recommending suitable district lady superintendents and nurses, overseeing their work, and reporting on the same. The order undertakes to teach district nursing.

Only nurses holding diplomas from some recognized hospital training-school and who come highly recommended are considered eligible for the course of training in district nursing. A period of four-months' probation is given at the Training-Home either at Montreal or Toronto to test the adaptability, tact, and previous training of these nurses. During that time they are provided with board, lodging, laundry, and an allowance of twenty dollars a month. At the expiration of this course the nurse, if she is desirous and has proved herself acceptable, is recommended to the Board of Governors as a candidate for the order. She is then presented with her diploma and badge, either by her Excellency, the wife of the Governor-General, or by one of the governors, who admits her to the order in the following words:

"By the authority of the Board of Governors, I have the honor of admitting you formally into the ranks of the Victorian Order of Nurses. You have been recommended to the Board of Governors by the chief lady superintendent as a nurse possessing the qualifications and training which our order requires, and have proved through your training in district nursing your efficiency in all your nursing work and your willingness to observe all the regulations of the order. We therefore welcome you very heartily to the order, and we enlist you for active service for two years. May you be enabled to carry into action the true spirit of the order, and may God's best blessing rest upon you."

The nurse thus admitted and pledged for two-years' service in the order must be prepared to go anywhere in the dominion, either for district nursing or to serve in one of the cottage hospitals. She is provided with her outfit (uniform and nursing bag) and receives a salary of not less than three hundred dollars a year, with maintenance and laundry. She is also entitled to one-month's holiday each year. Should she remain in the order for three or more years, she will have a miniature badge presented to her like the one worn by her during her term of service, with the dates of entrance and retirement engraved on it, as a souvenir of her work.

The trustees of the Waltham Training-School for Nurses at the



inception of the Victorian Order of Nurses for Canada sent over their superintendent for three months, and afterwards released her from her duties at Waltham that she might accept permanently the position of chief lady superintendent of the order. She, with five nurses who had graduated at Waltham, began work early in February of 1898. During the three months branches were established in four of the larger cities and four nurses were equipped and sent with the militia to the Yukon, where they performed most heroic services.

The work of the order has slowly but steadily progressed, and has been extended from coast to coast. Out of the twenty-six branches which have been established in a little over three years, twenty-four are carrying on the work successfully. In all there are fifty nurses engaged in the work.

This year a greater effort than ever is being made to provide suitable buildings for cottage hospitals. Her Excellency the Countess of Minto is doing much to create a special fund for this purpose. It will be known as the "Lady Minto Fund for erecting Queen Victoria Cottage Hospitals" in memory of our late beloved sovereign. Model plans have already been drawn for cottage hospitals to accommodate either six or ten patients, two nurses, and a maid. Since the inauguration of the order seven cottage hospitals have been established, and, although several of these buildings may be regarded as mere apologies for hospitals, most excellent work has been done within their walls. As an illustration of the assistance afforded by the order in establishing cottage hospitals, which, after all, are really district nursing stations, the following account is given:

In a small town in the Northwest Territories the women who are members of the National Council had put by a small sum of money towards a building fund for a hospital; but as they met with no encouragement from the men of the town, they felt their project must be postponed indefinitely. Just then the Victorian Order came to their assistance and advised them to rent a cottage and make it habitable for patients. A nurse from the order was sent to take charge. Within a few months a request was made by the local committee for a second nurse. In the following year patients were refused admittance, owing to the overcrowded condition of the building. Enteric fever, maternity, surgical, and chronic cases have all been cared for there, and several major operations have been performed in the small room which the nurses occupy as their dining- and sitting-room. Great inconveniences have been overcome by these devoted nurses in their desire to serve these patients, who otherwise in many cases would have been left to take shelter in a third-rate boarding-house with only such care as the slat-



ternly servants might give them. However, the nurses have now been rewarded, having just moved into a fine brick building erected for this purpose. As the expense of keeping a staff of four Victorian Order nurses in this little hospital would be too great, a training-school consisting of four probationers under a highly qualified superintendent is now in progress. There are only twenty beds, but as the cases are varied, and a thoroughly well planned curriculum enforced during a term of three years, including three months of district nursing, there is no apprehension of their not being well fitted for district or cottage hospital nursing in the West.

These Victorian Cottage Hospitals will be open to give a training in nursing to the Doukebour, or educated Indian girl, that she may be of special service to her own people.

Innumerable instances might be related of the blessing the Victorian Order nurse has been in the cottage hospital to the homeless sufferer, in the humble room of the crowded tenement-house during her daily visits in the city districts, or in the rural districts, where she may have to drive ten or fifteen miles and even canoe up a river in order to reach her patient. In the latter case the nurse may have to remain a few days if her services are not required in the village and the patient requires special care.

One of the chief difficulties has been an inadequate supply of good nurses. This is pioneer work, and it does not appeal to those who like a city life with its brightness and comfort, though it should be said that even in remote districts the Victorian Order nurse is not by any means forgotten or neglected. No nurse practising her calling, even in most luxurious homes, can receive such honor and hearty gratitude as is accorded to our nurses amid their rude surroundings. In one of the most outlying districts, where every effort to procure suitable board and lodging for the nurse had failed, her committee had a small shack built and furnished for her use.

The Victorian Order of Nurses for Canada needs women in it for country as well as for city districts,—women who are capable of performing the highest duty on earth, namely, in helping their fellow-beings back to health, also helping them to lead noble, clean, and wholesome lives, inwardly as well as outwardly.

The Victorian Order, in common with the whole empire, mourns deeply the loss of her after whom it was named; but the Queen's nurses will undoubtedly respond more quickly than ever to the inspiration of her life—as noble Woman and as noble Queen.



**TENEMENT-HOUSE INSPECTION \***

BY YOHANNA VON WAGNER

Sanitary Inspector, Yonkers, N. Y.

BECAUSE so little is done to teach people in their homes how to better their condition, I am grateful for this opportunity to speak to you about my work in the tenement-houses as Sanitary Inspector.

While not every city has a tenement-house problem, every city has a housing problem, and it is the duty of the Board of Health to see that the homes of the working-classes are made at least healthful.

Organizations of public-spirited citizens should be formed, which, after acquainting themselves with local conditions, would revise building and sanitary codes and see to the enforcement of laws. Already this is done in New York, too late, to be sure, to eradicate the evil which a tenement-house is,—it is here to stay,—but an organization of men and women can do much to improve the homes of the poor. To be able to cope with such a problem, a thorough knowledge of existing conditions is essential. A house-to-house inspection will reveal, aside from existing facts, the wants and needs of the people.

Having been a tenement-house inspector for over four years, I am able to speak of the need and benefit of such work. It touches the people in their homes, and their lives can often be made brighter by helpful sympathy. From year to year it is harder for the poor man to live, and the daily complaint is that he cannot find rooms.

Twenty-five years ago the Chief of the Department of Health in Glasgow realized the need of women inspectors in connection with the Health Department, as only women could deal with women effectively, and ever since that time the work has been done there by women health visitors, as they are called.

The larger cities in England have followed the example of Glasgow, and there are several sanitary institutes in England where men and women are graduated to do the work of sanitary inspectors.

Several years ago in Chicago the Board of Health appointed women to inspect factories, sweat-shops, and tenement-houses, and five years ago Yonkers first had a women tenement-house inspector, and it is almost two years since I was regularly appointed by the Board of Health, and I can say without vanity that in no city is the work done so effectively as in Yonkers, because the qualifications which a nurse has enables her to do better than the average woman.

\* Read at the Congress in Buffalo, September, 1901.



It would take too long to detail the combat gone through to get the appointment.

Landlords, politicians (members), and employés of the Board of Health all fought against the woman inspector, and but for the members of the board and one brave woman, Miss Mary Marshall Butler, president of the Civic League and Woman's Institute, who overcame all opposition, the appointment would not have been successful. After passing the civil-service examination the appointment was made, and in February, 1900, I commenced my duties as an employé of the Board of Health, as formerly I had done the work of the Civic League.

I will pass over the difficult task of working with the same people that fought so hard not to have me, and will only say that those same men are my best friends at present, and agree with the secretary, who said: "How did we ever get along without our woman inspector?"

The Health Officer said that he would like to have one woman inspector to every twenty-five thousand inhabitants. The president of the board said that the moral influence of a woman inspector in the department had been very beneficial. All this I say to show that the work has been appreciated by friend and foe and the need demonstrated.

In our beautiful Terrace City such bad conditions were revealed as to shock the whole community. Tenement-houses in Yonkers compare favorably with those elsewhere; we have all the evils of New York slums, only on a smaller scale. As a large proportion of our population lives in tenement-houses, the need for improvement was great.

The average tenement-house has deprived the people of light, air, and privacy; it has dark bedrooms, with sometimes the worse than useless air-shaft opening into a common hall,—a hall which, on entering, sends a chill through one's bones; as a rule it is not ventilated, is very dark, unventilated toilets open into it, and the damp cellar air and odors from cooking and toilets which greet one on entering are overpowering.

I begin my work in the cellar, much to the surprise of the people, who have neglected to clean it and stored all sorts of rubbish away in it. As a rule, that most important part of the house has also been neglected by the builder, light and air have not been provided for, and after a rain-storm it is very often flooded.

Right here I begin to inspect the plumbing, and unless the house is new the pipes or construction are generally defective. I have to get a light to do this. When I go to the upper floors the living-rooms over the cellar are damp also and very unhealthy. The tenants have malaria, rheumatism, and tuberculosis, children have bronchitis and do not thrive, and even up to the top floor all complain of ill-health.



I go through the rooms, seeing to proper ventilation, cleanliness, need of repair, and over-crowding; follow the plumbing up to the roof; see to the condition of the roof, fire-escape, hall, and toilets, and then inspect the yard, receptacles for garbage, pulley-line poles, cleanliness, and drainage.

I have witnessed scenes which cannot be described, and every day reveals new misery: the poor little children locked up in basements while both parents work in the mill; the household of the habitual drinking-woman, with neglected, vermin-covered children, six in one bed, poorly covered, looking like little skeletons; the consumptive's room, where bedding, floor, and furniture are covered with expectoration, where the children play on the floor, and wife and baby share the same bed; where out of fear a contagious patient is hidden in a closet, and out of kindness a paralytic or any other bedridden patient is left alone for a month or two, never bathed, or body or bed-linen changed for fear of causing pain, and where bed-sores from shoulders to heels have become gangrenous.

It was at a small rear house where I knocked, perceiving the odor far off. "No admittance" was on the face of the woman who was supposed to care for the patient, but I managed to gain entrance, and only by the exercise of the greatest tact was I allowed to see the poor, sick woman and care for her—until death. The horrors of that sick-room I shall never forget, and I hope and pray there may never be another case like it.

The poor, the hungry, and the needy,—but it would take too long to speak of all the different phases.

The teachings of Christ are forgotten. We do not know how our neighbors live, and we would rather not know. Not charity, but justice, is needed.

The greedy landlord who looks for twelve per cent. has to be dealt with. Model tenement-houses can be erected on a paying financial basis. They have proved a success wherever they have been built, and aside from the fact that they returned between five and six per cent., they have provided healthy homes for people of small means.

While they are a great blessing, the greater need is to put existing houses in sanitary condition and prevent badly constructed houses from being erected, and here it is where a woman inspector does the most good.

Everything dangerous to public health is reported,—dark rooms and halls, closed skylights and air-shafts, defective and boxed-in plumbing, filth and disease, damp cellars, overcrowding,—all these things are nuisances and reported, and in a given time remedied, which may be



from a day to a month. If the owner is not willing or able to do it, the Board of Health has the work done. The law is that one toilet shall be provided for every two families, but I think that each family should have its own water-closet, and to have it not in a dark corner, but open to the external air, is just as important.

Fire-escapes should receive better attention; the straight, narrow ladders without the platform will hardly answer for most people—not to speak of the absence of fire-escapes in so many houses.

The house-to-house instruction, aside from reporting nuisances, is an important part of the work.

“Thank God! some one is going around that knows something,” an old Irishwoman said. They have had missionaries to look after their spiritual welfare, but no one to help them bear their burden and improve their lot in life.

After explaining to them how to care for and feed babies, the women will say, “Why did we not know this before?” A birth and a death every year and sickness and undertakers’ bills in many cases cause the poor man’s poverty. Ignorance of the common laws of health and unhealthy homes and food are undoubtedly causes of the prevalence of the drink habit.

Much can be done towards the prevention of the spread of contagious diseases, and especially tuberculosis, not only by the fumigation of rooms and the enforcement of strict cleanliness and isolation, but by providing sputum-cups for the poor which may be burned after use, and after death from this disease fumigation and thorough cleaning before another family moves in.

With the teachings given to the people how to protect themselves and how to improve their ways of living there should go the enforcement of laws governing landlords and agents and an awakening of the social conscience at large, and I confess that is the hardest part of my work. Being a woman and having no vote, politics do not influence my reports. Cellars have to be cleaned and whitewashed, carpets removed from stairs, halls ventilated and cleaned, rooms whitewashed or painted, papers removed where possible, air-shafts and skylights made to open to admit air, roofs repaired, and plumbing looked after. The characteristics of the different nationalities have to be dealt with, and each watched accordingly.

When commencing to inspect a street the children carry the news that the Health Board is around, which is the signal for general house-cleaning.

When I try to have people move out of unhealthy houses, I hear



always the same remark, "We can't find good rooms," and the requests for me to find rooms are numerous indeed and difficult to comply with.

After revealing conditions in Yonkers, some good citizens remodelled old houses and put them in sanitary condition, and it has proved a financial success. There is a woman rent-collector who collects weekly, which is safer for the landlord and easier for the tenant, and with it goes a supervision which is of great value to both. With improved homes we have better health and better citizenship, which is all-important to a nation.

While far from being good, conditions are greatly improved in Yonkers. Better school attendance in winter, decreased immorality rate, especially among children, and greater cleanliness are among the visible results from the work done so far.

Prevention is my motto, and when we can prevent disease we have touched the foundations of most evils.

What larger field of usefulness could we wish for than to go from house to house and give the people the benefit of our knowledge of sanitation, hygiene, and domestic science?

A great English statesman has said, "Of what use is sanitary legislation unless it is practically applied?" and only by obtaining the coöperation of every housekeeper with the Board of Health can rules and laws be enforced.

Let there be well-trained women to do this work. As Dr. Benjamin Lee, president of the State Board of Health, said: "Women are born sanitarians, and make better teachers; besides, they attend to detail work, and I would say the work is essentially among women. No matter what the condition of the house, a woman is admitted because she will understand, when a man cannot enter, and very often the remark is made, 'I am so glad it is a woman this time.'"

After inspecting rooms, closets, and bedding, I am made acquainted with the sorrows, the wants, and sometimes the joys of the family, and I seldom leave without having given advice or help, or put them in the way to help themselves. The invitation to call again soon or spend Sunday with the family shows that the visit has been appreciated.

The field for usefulness is large, and the work fills one's life to the utmost. While it is hard to bear so many people's burdens, the thought that this work is a step in the right direction gives new courage and hope.

I hope to live long enough to see more cities take up this work. Only those women who love the people and will work for public service and not personal gain should take it up. It is the hardest work I have



ever done, and it requires courage and a good deal of faith to enter into all places.

May more nurses prepare for this work, and indeed be the friends of the people.

It is the true mission of the Board of Health to take up this work, and may there be enough public-spirited men and women in every city to see to it that the large class of working-people at least have healthy homes.

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At the close of Mrs. Von Wagner's paper the following letter, which was addressed to Miss Dock, was read by the secretary:

"In view of Mrs. von Wagner's attendance at the International Council of Nurses I would like to give my testimony to the efficiency of her work in Yonkers, and emphasize the desirability of inducing nurses to consider the official inspection of tenement-houses as a field for their professional ability.

"In visiting Health Departments here and abroad with reference to the work of women Sanitary Inspectors, it has impressed me that, *other qualifications being equal*, the knowledge possessed by a trained nurse who had the ability to impart it would be of great additional benefit in accomplishing permanent good results, and I am hoping that as the work is taken up in this country more nurses may be found who will fit themselves for the position.

"In Chicago, where six women Tenement and Factory Inspectors are employed by the Health Department, the duties of the women are about the same as those prescribed for men. I believe the duties of the woman inspector should include the *instructive work*, and that to her should be given certain duties differentiating her work from that of a general Sanitary Inspector.

"There are comparatively few places in this country where women are employed in connection with Health Boards, but it is our earnest hope that an impetus may be given to the idea through this Nurses' Council, and that a great and practical purpose may be reached through the paper to be read and discussed at your meeting.

"Wishing you all progress in the various departments of helpfulness you are considering,

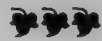
"I am very cordially yours,

"MARY MARSHALL BUTLER."





## BOOK REVIEWS



THE HYGIENE OF TRANSMISSIBLE DISEASES, THEIR CAUSATION, MODES OF DISSEMINATION, AND METHODS OF PREVENTION. By A. C. Abbott, M.D., Professor of Hygiene and Bacteriology, and Director of the Laboratory of Hygiene, University of Pennsylvania. Second edition, revised and enlarged, with forty-six illustrations and twenty charts. W. B. Saunders & Company, Philadelphia and London, 1901.

This volume of three hundred and fifty pages has reached a second edition and should be in the hands of all nurses. The opening section treats of the influence of age, sex, race, occupation, density of population, heredity, and season upon diseases in general; and of chemical, physical, mechanical, parasitic, and bacterial agencies as the intermediate causes of the development of diseases. This portion of the work is characterized by a philosophical tone and a clearness of description which render it of great value. One is led to classify and to rearrange his conceptions of the causation of disease when reading it.

The section which follows treats of the commoner transmissible diseases, like typhoid fever, tuberculosis, dysentery, diphtheria, and other similar diseases, and the account of the bacteriology of these affections is full and easily to be understood. The author has not sacrificed his scientific descriptions to an attempt to be popular and, on the other hand, he has not obscured the subject by an ill-timed attempt to be technical. Whoever wishes to know of the role played by bacteria in the production of disease will acquire here accurate and satisfactory knowledge.

An excellent example of the author's method of imparting the latest word of science upon any disease is afforded by his treatment of the relation of malaria to mosquitoes. He not only clearly describes the part played by the mosquito as an intermediate host for the malarial organism, but also refers the reader to the latest literature of the subject.

The final section of the volume considers the whole subject of prophylaxis against infectious diseases, and gives a résumé of what is known as to immunity, both natural and acquired, vaccination, and protective inoculation, and quotes with approval the declaration of Welch, "that the problems relating to immunity and infection have been in part at least removed from the realm of pure hypothesis and placed in a position favorable to exact experimental solution."

The chapters on disinfection deal with special chemical disinfection by means of sulphur dioxide, formaldehyde, milk of lime, carbolic acid, and the various coal-tar products. For the production of formaldehyde gas he does not speak favorably of the effects of the evaporation of wood alcohol over the ordinary lamp, but prefers the use of formalin to which ten per cent. of glycerine has been added in a generator after the Novy and Waite pattern,—that is, a simple copper retort in which the formalin-glycerine mixture may be placed, and the gas disengaged by heat may be conveyed through a tube into the room to be disinfected. The specific directions given for disinfecting rooms, discharges, vaults, stables, wells, and cisterns are most explicit and useful. As would be expected of



a bacteriologist, the author regards heat in one form or another, preferably in the vehicle of steam under pressure, as the most efficient and manageable germicide, although he describes and recommends other methods for special uses.

There is added a chapter on the precautions to be taken in the management of communicable diseases which contains definite and specific instructions for isolation and disinfection of clothing, apartments, and discharges. Nurses and others who have to do with infectious diseases and the problems of isolation and disinfection should be familiar with this book, which contains upon almost every page information of vital importance. H.

**BIBLIOGRAPHY OF SETTLEMENTS.** Compiled by Mrs. Caroline W. Montgomery for the College Settlements Association. To be obtained from the Secretary, Miss Mabel G. Curtis, 829 Boylston Street, Boston. Price, ten cents.

Those interested in the settlement movement and desirous of informing themselves as to its spread and scope will find this book valuable and instructive, as it gives the names and addresses of all the settlements in the country up to date, with an outline of the work attempted and the special features characteristic of each.

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#### BOOKS TO READ TO PATIENTS

"A HOUSE-PARTY" is a collection of anonymous short stories edited by Paul Leicester Ford. A list of authors is appended, and the reader is invited to fit the stories and the authors together. While the book is amusing and some of the stories very well told and good for reading aloud, few show the individual touch, and with one or two exceptions the book might easily have been the work of a single writer.

"OLD TIME GARDENS," by Alice Morse Earle, is another of the charming Macmillan books. It seemed as if garden literature had been perhaps overdone, but here is one of the most complete books on the subject. Surely few Americans know of the abundance of beautiful and stately gardens in this country. The sketches of some of these indicate that they rival even the beautiful old English gardens, and at this time, with gardening catalogues blossoming in every mail, it is safe to say that many a new garden will be modelled upon the lines of some of these most lovable old ones.

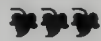
L. D. D.





# NOTES FROM THE MEDICAL PRESS

IN CHARGE OF  
ELIZABETH ROBINSON SCOVIL



TREATMENT OF CONSUMPTION.—In an article in the *New York Medical Journal* Dr. Antonio Fanoni recommends the following measures for the abatement of tuberculosis:

1. Marriage of consumptives should be avoided. 2. Children of consumptives should be so brought up as to strengthen their systems against the invasion of the tubercle bacillus. 3. The public should be educated to realize the fact that consumption is curable in its initial stages, i.e., when mixed infection has not yet taken place. 4. An early diagnosis is the secret of cure. Let us drop the word "cold" as a term for a little cough and a subnormal temperature, and the word "malaria" for a cough accompanied by chills, and examine the patient carefully in each case. 5. Every case of pulmonary tuberculosis should be reported to the local health authorities as soon as the diagnosis is made. 6. Every consumptive should be isolated until cured or the disease terminates fatally. A battle waged in this manner against consumption the author thinks will stamp out the disease in a few years.

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OPERATION FOR CLEFT PALATE.—Dr. C. A. Borton in concluding a report of six cases of operation for cleft palate, published in the *Boston Medical and Surgical Journal*, says of the after-treatment: Adhesions about the palate should be divided where present, and the soft palate exercised, massaged, and made movable by voluntary contractions in adult cases and by passive motion and stretching with the fingers in children. The power of speaking properly, in spite of a good technical result after operation, is almost always in direct ratio to the time spent in instruction and the intelligent effort of the patient. [This should stimulate nurses who have the charge of such cases.]

Dr. George A. Raymond in an article in the same journal advocates the use of a mechanical appliance to close the fissure in the palate rather than a surgical operation, as the result in producing perfect articulation is more satisfactory.

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RABIES.—It may comfort persons who have been bitten by rabid dogs to know that Dr. Osler says only a limited number of those thus injured become affected by the disease,—according to Horsley, not more than fifteen per cent.,—so that even if the dog is actually mad, which is often most uncertain, the sufferer has a fair chance of escaping the worst consequences.

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LINIMENTS, OINTMENTS, SUPPOSITORIES.—The *Journal of the American Medical Association*, in its department of therapeutics, says liniments are less used than formerly. Their value probably does not consist in the properties of the ingredients they contain so much as in the vigor of the rubbing or massage of the parts to which they are applied. Their effects are purely local. In the application of liniments mistakes are often made by saturating the bandage with



a liniment containing one of the volatile preparations, thus producing a large blister or possibly sloughing.

*Ointments.*—Some drugs if properly mixed with certain fatty substances as a vehicle will be absorbed through the skin. In this manner mercury can be given and will be absorbed, if well rubbed in, without any abrasion of the skin. Quinine is often administered to children by this method. It can be mixed with lanolin, which is the best vehicle for such purposes. The selective points for application are the axillary spaces and the inner sides of the thighs and groins. Mercurial inunctions may be rubbed in between the scapula. Oleates are supposed to be absorbed more readily than other ointments.

*Suppositories.*—Drugs are sometimes administered by urethra, vagina, or rectum, either for local or systemic effects. When introduced in the form of a suppository oil of theobroma is most frequently used as the base, as it melts at the temperature of the body and remains a solid at the ordinary temperature outside the body. Rectal suppositories should be cone-shaped and of about one gramme (fifteen grains) in weight. Urethral suppositories should be cylindrical or pencil-shaped and weigh about one gramme. Vaginal suppositories should be globular in shape and weigh about three grammes. Suppositories for children should be proportioned accordingly. Glycerin is sometimes used as a vehicle instead of cocoa butter.

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**FORMALIN IN GLYCERINE.**—It is stated in the *Lancet* that by combining formalin with glycerine the irritation and pain caused by the use of the drug may be prevented. In follicular tonsillitis formalin in glycerine in the strength of two to four per cent. is a specific if used before there is a collection of pus. After a single thorough application the temperature falls to normal within a few hours and remains normal. The application is usually attended by a little soreness, lasting only a few hours. Applied to the throat with a brush, a single application may be depended upon to kill every micro-organism with which it comes in contact. Formalin in glycerine is useful in all parasitic skin diseases, especially in tinea tonsurans. The entire area is cleaned with soft soap and water and a four per cent. solution of formalin in glycerine applied.

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**BUTTERMILK FOR INFANT FEEDING.**—One of the German exchanges of the *Journal of the American Medical Association* recommends buttermilk as a food for infants, and says after six-years' experience it has become universally popular throughout Holland. When pure, fresh buttermilk cannot be obtained, families churn a little butter at home to provide the baby with its buttermilk every day. It is prepared by stirring a level tablespoonful—about ten to twelve grammes—of fine rice, wheat, or other flour into a litre—about a quart—of buttermilk less than twenty-four hours old. It is then boiled over a moderate fire until it boils up thrice, stirring continuously, after which two or three heaped tablespoonfuls of cane or beet sugar are added. Extensive experience with this regimen has confirmed its remarkable value in cases of children who are not thriving on breast-milk or artificial foods and in desperate cases of all kinds.

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**CLABBERED MILK FOR INFANTS.**—In the same journal Langstein reports twenty-five cases of very sick children who were fed on milk artificially clabbered with rennet and then stirred or beaten to break up the clots very fine. In nearly every case the gastro-intestinal symptoms rapidly subsided, the vomiting ceased, and the stools became normal.



FEEDING IN TYPHOID.—In the *Australasian Medical Gazette*, published in Sydney, New South Wales, Dr. Robert Brummitt relates the case of a patient who ate a poultice which had been ordered for the relief of an abscess. This led him to order soft foods instead of liquids exclusively. The nurses observe that the patients do better and keep stronger. He thinks when the digestive power of the stomach is good, as it often is, a mutton-chop, an egg, a banana, or a cup of milk reach the cæcum in very much the same form. He commences with light farinaceous foods and bread and milk, then gives minced meat, mashed potatoes, with milk or gravy, custard, lightly boiled eggs with bread-crumbs, thin bread and butter, boiled white fish or fowl, and rice in various forms. Some vegetables are often permissible, but the solid portions should be removed.

Watchfulness as to the evacuations must be constant, and if non-digested food is passed, a change must be made at once. The indiscriminate use of strong food is harmful; a milk diet would be preferable, but the judicious use of a more generous diet in many cases and nearly all convalescents is good practice. A careful study of ninety-eight cases has led to this conclusion.

Dr. Frederick Shattuck, of Boston, has long permitted the use of bread in feeding typhoid patients.

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LENGTH OF LIFE OF DISEASE GERMS IN DROPLETS AND DUST.—The *Journal of the American Medical Association* epitomizes an article from a foreign exchange on this subject as follows: Gaffky found that microbes retain their vitality much longer in dimly lighted rooms than in sunny ones. This may be one reason why disease germs flourish better in winter than in summer, owing to the lesser hours of sunlight. Epidemics of influenza have never occurred in Germany except when the weather has been long cloudy. The germ dies more rapidly the finer the particles. In his tests with droplets such as are expelled in speaking, sneezing, or coughing, he found that the bacillus prodigiosus and the typhoid bacillus retained their vitality twenty-four hours in daylight; the diphtheria bacillus twenty-four to forty-eight hours in daylight and days in a cellar; the tubercle bacillus five days in daylight and twenty-two days in a cellar; the fowl cholera bacillus ten hours in daylight and twenty-four hours in the cellar; the staphylococcus pyogenes aureus eight to ten days in daylight and thirty-five days in the cellar; the streptococcus longus ten days in daylight and thirty-eight days in the cellar, and anthrax spores ten weeks in daylight and at least three months in the cellar. There could not be a more impressive object lesson on the value of fresh air and sunshine in the sick-room than this.





# HOSPITAL AND TRAINING-SCHOOL ITEMS



## HOSPITALS

### THE NURSES' SANATORIUM AUXILIARY

"No CALLING in life is more noble than the one which has for its object the care of the sick. No class is more self-sacrificing. No task is so great, no contagion so dangerous, as to cause the professional nurse to refuse the call of duty or to neglect it when once undertaken.

"Frequently, however, after prolonged and constant watchfulness for others she herself becomes the patient and needs the care she has so willingly given to others.

"Experience has demonstrated that the life and environment of the professional nurse predispose to tuberculosis. Of all diseases which she finds it necessary to combat, tuberculosis probably leaves its deadly effect upon her more frequently than any. When health is threatened, the small savings from her arduous labor offer little chance for a change of climate, and for her the hope of restored health becomes small indeed.

"With these facts established, it would seem the part of wisdom for those whose duty it is to care for others to think just a little of themselves and their own welfare if sickness should overtake them.

"It is for the purpose of overcoming some of the hardships which are in store for many who are in the ranks of graduate nurses that a *coöperative plan for self-protection* is proposed.

"With this object in view a self-appointed committee has undertaken to formulate plans and to take steps to organize the graduate nurses of the country into a body to carry the approved plans to completion.

"Such an organization, with systematic coöperation, can with little expense or effort do much to alleviate the hardships of its unfortunate members. The committee has carefully investigated many plans and has canvassed the field for most favorable conditions and opportunities. The Committee on Organization, after careful investigation, is convinced that the plans best suited to its purpose are those formulated and adopted by the Rocky Mountain Industrial Sanatorium, of Denver, Col.

"The Rocky Mountain Industrial Sanatorium is a national institution designed for the care and treatment of tuberculosis. The institution was incorporated under the laws of Colorado March 23, 1901, and is endorsed and supported by the best citizens in every section of the country. The institution is now in the formative state and is worthy of universal support.

"The purpose of the institution is to enable persons threatened with tuberculosis or in the early stage of the disease to avail themselves of a change of climate and find home comforts at a minimum cost. The institution is industrial, educational, and coöperative in its nature. Willing patients who are able will find opportunities for light, remunerative employment. The institution will assist patients to help themselves.



"To carry out the purpose of the organization the committee recommends the following plan:

"THE NURSES' SANATORIUM AUXILIARY.

"It is proposed to establish a Nurses' Auxiliary in connection with the Rocky Mountain Industrial Sanatorium, of Denver, Col., for the following reasons:

"(1) The Rocky Mountain region is preëminently adapted to the treatment of tuberculosis.

"(2) The Rocky Mountain Industrial Sanatorium is an institution founded upon ideal principles.

"(3) The institution is not conducted for profit.

"(4) Patients when able and willing will be furnished with remunerative employment which will enable them to be to a degree self-supporting.

"PLAN OF ORGANIZATION.

"(a) It is proposed that an organization be formed of graduate nurses.

"(b) Said organization to coöperate in the endowment of cottages or pavilions in connection with the Rocky Mountain Industrial Sanatorium.

"(c) Said cottages or pavilions to be used by members of the organization who may become threatened or afflicted with tuberculosis.

"(d) Graduate nurses from any part of the United States or Canada may become members of the auxiliary.

"(e) Any graduate nurse who is not already suffering from tuberculosis may become a member of the auxiliary.

"(f) The dues for each member shall be five dollars per year, payable in advance.

"(g) All necessary incidental expenses, such as stationery, postage, etc., shall be paid from the funds raised from the annual dues of the members.

"(h) All remaining funds secured from annual dues or otherwise shall be utilized for the purpose of erecting cottages or pavilions. Said cottages or pavilions shall be located on the site of the Rocky Mountain Industrial Sanatorium and shall be named in honor of the Nurses' Sanatorium Auxiliary and be used by its members.

"(i) Any member of the Auxiliary who shall become threatened or afflicted with tuberculosis must be examined by some member of the Examining Board of the Rocky Mountain Industrial Sanatorium before being admitted to the institution.

"(j) Any member of the organization who is admitted to the institution shall also have the benefit of the coöperative and remunerative industries of the institution.

"(k) Members of the Auxiliary who shall be admitted to the institution shall assist each other when able without compensation.

"(l) Furthermore, when the services of a nurse are required in the institution, said nurses, when able, will be given the opportunity to care for other patients, which will further assist them in becoming self-supporting in the institution.

"(m) Members of the Nurses' Sanatorium Auxiliary shall be accommodated in their apartments in the order of their application. Should their apartments become filled, a waiting-list shall be formed and accommodations given them as soon as vacancy shall occur or as soon as new apartments can be constructed."



On the General Advisory Board are the names of many prominent physicians.

Mrs. Dita H. Kinney, Superintendent of the Army Nurse Corps, is our voucher for the reliability of the above.

MR. EDWARD TUCK, of Boston, who has lived for many years in Paris, has decided to defray the entire expense of the American Hospital in Paris, for which ground has been bought in the Passy Quarter. It is to be named "The Franklin Hospital," be modelled on the American plan, and managed entirely by American physicians and nurses. The demand for American nurses in Paris is increasing, and we understand that the few who are there have had a very busy year.

MRS. HANNAH N. L. SHERMAN, of Lawrence, Long Island, has given to the Post-Graduate Hospital of New York twenty-five thousand dollars, to be used towards the support of a new ward for women and children who are afflicted with nervous diseases. The ward is to contain fourteen beds, five of which will be supported in perpetuity by Mrs. Sherman's gift. The naming of the new ward has been left to Mrs. Sherman, and she has decided to call it the Hope Ward. The five beds will be called the Lawrence beds.

Two new free wards for colored patients have recently been added to St. Joseph's Hospital, Baltimore, the money for their erection having been the gift of the late Louis Doda (colored).

THE Ladies' Hospital Association of Pine Bluff, Ark., has accumulated ten thousand dollars, with which it intends to build a public hospital.

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### TRAINING-SCHOOL NOTES

AMONG the changes that have recently been made in the curriculum of the Massachusetts General Hospital Training-School is an arrangement by which twelve pupils yearly are being sent to the Sloane Maternity and to the Lying-in Hospital of New York. Twelve yearly are sent in exchange to the Children's Hospital of Boston, going in details, each of four nurses.

Each nurse serves a term in the etherizing-rooms of the hospital, and is carefully instructed in the administration of anæsthetics. This is in addition to her regular operating-room experience.

The addition to the "Thayer"—the nurses' home—adds greatly to the facilities of the school. This is quite as large as the original building, and its special features are a gymnasium on the ground-floor, used also as a lecture-room, a general sitting-room on each floor, and a roof garden overlooking the Charles River, which is very delightful.

ANOTHER evidence of the enterprise of the nurses of Orange, N. J., will soon be before us. They have received a gift from the Training-School authorities, a tract of land on which they propose to erect a contagious hospital for nurses. Owing to some conflicting details in the government of the three adjoining cities, no provision has been made for the care of contagious cases. People so afflicted must be cared for in their own homes. This does not provide for the homeless nurse. She cannot be received at "Head-Quarters," nor is there any place open to her, though she is expected to run every risk and respond to all calls, no matter what may be their nature. Prompted by the forethought of protecting



themselves that they may be more fearless in caring for others, these women have formulated this excellent plan and are putting forth every energy to further its interest. It is a worthy project, in which they will have the sympathy of every thinking nurse.

THE Toronto General Hospital Training-School has for many years had a warm friend and benefactress in Mrs. Colonel Hamilton, and on Tuesday evening, February 25, she presented to the school a handsome silver punch-bowl bearing a suitable inscription. Miss Snively and Dr. O'Reilly replied, thanking Mrs. Hamilton on behalf of the nurses. On the same occasion the pupil nurses presented an ebony toilet set and an opal and diamond ring to Miss F. E. Sharpe, who has been supervisor of night nurses in the Toronto General for nearly five years. Miss Sharpe was also presented with a silver writing-set by the members of the Alumnae Association of the Toronto General Hospital, of which organization she has been secretary for a number of years. Miss Sharpe goes to Woodstock to take charge of the hospital there.

THE advance sheets of the report of the Commissioner of Education for 1899 and 1900 show that there are in the United States four hundred and thirty-three training-schools for nurses, and in these schools there are eleven hundred and forty-five male students and ten thousand nine hundred and eighty-six female. Several of these institutions do not give the length of term which the nurses must serve, but of those that do report, there are two hundred and seventy-three that require a two-years' course and one hundred and thirty-eight that require a three-years' course. It is estimated that about three thousand five hundred and fifty nurses graduate annually.

THE Boston Insane Hospital has established a post-graduate course for training in the care of the insane. Candidates must have had not less than a two-years' training in a general hospital and hold a diploma from their school. The course is for three months. Upon satisfactory completion of the post-graduate course pupils will receive a certificate from the hospital. The Boston Insane Hospital is situated within the limits of the city of Boston, where it is possible to attend lectures, visit libraries, and numerous other sources of instruction. There are about two hundred women patients received annually, affording a varied and interesting clinic.

BY the will of the late Mrs. Osborn the New York City Training-School for Nurses connected with Bellevue Hospital has received as a gift the Nurses' Home, 426 East Twenty-sixth Street, which it has occupied for many years. The other institutions which have received legacies are the Society for the Relief of Half-Orphan and Destitute Children, the New York Cooking School, and the New York City Mission and Tract Society. The balance of the estate is to be equally divided between the two sons of the testatrix, Professor Henry Fairfield Osborn, of Columbia University, and William Church Osborn, of New York.

MISS GENEVIEVE COOKE, graduate of the Children's Hospital, San Francisco, has taken a special course of instruction in the Harvard School of Physical Training, and in the corrective exercises for feeble and deformed children in the orthopædic clinic of the Children's Hospital, Boston, and has opened a gymnasium where physicians may send their patients for such treatment at 140 Fern Avenue, San Francisco. There are nurses in charge of such work for orthopædic surgeons,



but we think Miss Cooke is the first nurse to establish a gymnasium on independent lines where all physicians may send patients.

MISS IRENE SUTLEIFFE, for many years the superintendent of the Training-School for Nurses of the New York Hospital, on Fifteenth Street, New York, has been seriously ill for several months and has resigned her position. Her sister, Miss Ida Suttleiffe, who has had charge of the Training-School of the Long Island College Hospital, Brooklyn, N. Y., for a long time, it is reported, has also given up her position.

THE graduating exercises of the Grace Hospital Training-School of Detroit, Mich., were held on the evening of February 13 at the Nurses' Home. A class of twelve women and four men nurses received diplomas. This is the first class to graduate since the establishment of the three-years' course. The exercises were interesting and appropriate, and were followed by a reception and refreshments.

MISS MINA RUSSELL, graduate of the Royal Victoria Hospital, Montreal, and recently connected with Dr. Bull's Hospital, New York, has taken charge of one of the private wards at Lakeside Hospital, Cleveland. Miss Russell succeeds Miss Byrne, who, having been connected with Lakeside for three years, gives up institutional work for an extended rest.

MISS AMABELLA McCRAE has been appointed second assistant to Miss Dooliver at the Massachusetts General Hospital. Miss McCrae is a graduate of the McLean Hospital for the Insane and the Massachusetts General Hospital schools, and has been for six years the assistant matron of the City Hospital of Quincy, Mass. She commenced her duties on February 1.

MISS ELEANOR CHESTNUT, who was trained under Miss McIsaac at the Illinois Training-School in Chicago, and afterwards studied medicine, is now in charge of a hospital in North China as a medical missionary. Miss McIsaac gives us the very delightful bit of news that Dr. Chestnut has just translated Mrs. Robb's book on nursing into Chinese.

MISS ALICE PAGE, St. Luke's Hospital, Chicago, 1897, has accepted the position of head nurse of the Cleveland Visiting Nurse Association. Miss Page brings to her new work considerable experience, as she was for some time connected with the Visiting Nurse Association of Chicago and also helped to organize district nursing in Columbus.

ON the evening of January 31 appropriate exercises were held at St. Peter's Hospital Training-School for Nurses, Charlotte, N. C., when a class of three nurses was graduated, being the first class to graduate from that school. They were Miss Susie Mott, Miss Effie Ellen McNeill, and Miss Annie Alice Powers, all from North Carolina.

MISS MARY GRACE HILLS has accepted the position of assistant nurse of the District Nurse Association of Middletown, Conn. Miss Hills is a graduate of the Rhode Island Hospital, where she remained as assistant for some time, and for four years she was superintendent of the Training-School of the Central Maine Hospital, Lewiston, Me.

MISS MABEL STOCK, a graduate of the Toronto General Hospital Training-School, Class of 1901, has been appointed superintendent of nurses in the Parry Sound Hospital. Miss Hyde, Class of 1900, goes to Sudbury as superintendent of the hospital there.



MISS CARRIE S. LONER has resigned her position as principal of the Training-School of the Samaritan Hospital, at Sioux City, Ia., and on June 1 will assume the duties of superintendent of the Training-School of the Jewish Hospital, Philadelphia, Pa.

MISS BLANCHE THAYER, for many years the matron of the City Hospital of Quincy, Mass., has gone on a long vacation trip to Europe. Miss Charlotte M. Perry will have charge of the hospital during her absence.

MISS ADELAIDE NUTTING, principal of the Training-School of the Johns Hopkins Hospital, has been granted a leave of absence and will start on April 1 for a six-months' trip abroad.

MISS MARGARET O'GRADY has taken charge of the Training-School for Nurses at the Wheeling Hospital, W. Va. Miss O'Grady is a Johns Hopkins Graduate of the Class of 1899.

MISS BURNS-GIBSON, a graduate of the Children's Hospital of Toronto, Can., has accepted the position of superintendent of the Orphans' Home in Middletown, Conn.

MISS EMMA HOLLAND, a graduate of the Illinois Training-School, will take charge of the Samaritan Hospital at Sioux City, Ia., May 1.

MISS AGNES S. BRENNON has resigned as superintendent of the Training-School connected with Bellevue Hospital, New York.

THE pupils of the Lakeside Hospital on January 18 started their obstetrical training in the New York Lying-in Hospital.

MISS ELIZABETH MILLSPAUGH has resigned the position of general superintendent of the hospital at Marion, Ind.





# THE GUILD OF ST. BARNABAS

IN CHARGE OF

S. M. DURAND

Public Library, Boston



[THE editor begs to convey in a few words some general information to the secretaries and correspondents of the different branches of the Guild of St. Barnabas. Owing to our limited space, not more than two hundred and fifty words are desired in reports of meetings, and it will be necessary for each branch to be represented in turn. It is therefore requested that the meetings of several months shall be consolidated in one report. Reports should be sent in by the *first* of the month, and it is hoped that we may hear from all our branches. We are now settling down in our department of the JOURNAL, and by the exercise of attention to matters of business and, above all, by the blessing which we pray may attend our work, we shall hope for the best results.—ED.]

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## BOSTON

SEVERAL interesting events have taken place since our last letter. First came the consecration on December 19 of our chaplain as Bishop of the Philippines. This event took place in Emanuel Church and was most imposing, the procession of two hundred clergy being a thing long to be remembered. The guild was especially invited to the ceremony and had a place reserved for it. May God prosper our missionary bishop and his work.

The next event was our Christmas party, which was held at St. Stephen's and was a great success, being graced by the presence of Father Osborne, the founder of the guild.

At the January meeting the Rev. Thacher Kimball presided, as we had no chaplain. The Rev. Ellis Bishop was unanimously elected chaplain. A letter of thanks was read from Bishop Brent for the handsome missionary's medical outfit presented by the guild. At this meeting the retiring Executive Committee named their successors, for whom a single ballot was cast. The names are as follows: Miss Sargent, Miss Goodwin, Miss Means, Miss Durand, Miss Finley, Miss Morris, Miss Woods, Miss G. M. Hunt.

The February meeting was held at Trinity by invitation of the Rev. Edward Borncamp. It was proposed and unanimously voted that some token of remembrance for the Rev. H. M. Torbert be given to the settlement work on Garland Street, in which he was much interested.

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## BROOKLYN BRANCH

THE regular monthly meetings of the Guild of St. Barnabas continue to be held at Grace Church, Dr. Burgess having continued the hospitality extended by the Rev. Chauncey B. Brewster, the former rector and priest associate of the guild. Both these rectors have since become bishops, and Bishop Burgess, whom we now recognize as the Bishop of Long Island, claims our allegiance. Owing



to the limited space but few members of the guild were able to obtain tickets of admission for the consecration.

On Wednesday evening, February 6, eleven nurses graduated at the chapel of St. John's Hospital. The supervisor, nurses, and physicians entered in procession, the choir and nurses singing the processional hymn. After a brief service conducted by the chaplain, the Rev. U. T. Tracey, Dr. H. B. Delatour, the president of the faculty of the hospital, presented the nurses to Bishop Burgess, who greeted them with a few well-chosen words. The bishop then bestowed the diplomas upon the nurses, after which Dr. Arnold Wells Catlin, a member of the faculty, made the address. Refreshments were served in the dining-room of the hospital, and the nurses and their friends repaired to the lecture-room on the ground floor to enjoy dancing, etc.

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#### GRACE BRANCH, CHICAGO

THE annual meeting of St. Barnabas Guild of Grace Church, Chicago, was held Monday, February 3, at eight P.M., at the Parish House. Rev. George Wright, of St. Luke's Hospital, was recommended to Bishop Whitehead for chaplain of the branch for the ensuing year. The terms of the various officers having expired, a committee was chosen to nominate members to fill the vacancies. This ticket will be voted upon at the March meeting. There is a renewed interest in the guild, which we hope will prove profitable to its busy workers.

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#### HARTFORD, CONN.

THE January meeting of the guild was on the evening of the 9th. We began with a beautiful service in Trinity Church, which was still hung with its Christmas greens, and the lesson, address from our chaplain, and the hymns were all appropriate to the Epiphany-tide. Two new members, Miss Coombs and Miss White, were admitted. After the service, supper, and a large bran-pudding, which furnished plums for all, were served in the beautiful Parish Room. There were fifty present, counting a few guests, one of the largest meetings we have had.

The service February 5 was at three P.M. at Christ Church Chapel, and the address was given by the chaplain on the gospel for the week. Miss Lindwood was admitted to membership. The business and social meetings were held at 15 Church Street, and we there had the pleasure of a most interesting address from the Rev. F. W. Merrill, of Oneida, Wis., who not only told of the work there, but showed interesting pictures and samples of beautiful lace work made by the Indians on that reservation.

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#### NEW YORK BRANCH

SINCE January the regular monthly meetings, held on the first Monday of each month at three-thirty P.M., have been merely meetings of the Executive Committee, composed of five members and five associates, with the chaplain, *ex-officio*, as chairman. We have had two interesting church services this winter, but your correspondent cannot learn of any arrangements made for the coming months. The service and reception held at St. James's Church January 20 were most enjoyable. The rector, the Rev. Walpole Warren, addressed us on the subject, among others, of allowing pastors to visit the patients under our care, and urged our thus ministering to their spiritual wants as well as their physical,



and he offered to supply each member of the guild (if not previously furnished by the chaplain) with a pocket Bible to carry in her satchel to cases. One new member, Miss Madden, was admitted, and we had the pleasure of welcoming a Newport member staying in our city for a time. The New York City Training-School was well represented at this meeting.

A "committee of three" found a home at Shelton, Conn., near Bridgeport, which they could obtain for the price of the mortgage (over one thousand dollars) and use as a vacation home for nurses. They propose charging nurses three dollars and fifty cents per week, and the chaplain will send each member a letter informing her of the home and asking contributions for the same. A party is to be given during Easter Week for the same purpose at the residence of Mrs. J. R. Hall.

Applications for accommodations should be made to the secretary far enough in advance to admit of proper arrangements being made at the home.

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#### ORANGE

OUR January meeting was held on the 30th at St. Mark's Church, West Orange. An address was made by the rector, the Rev. F. W. Reazor. The near approach of Lent offered an opportunity for some earnest, helpful words. A short business meeting followed, at which it was decided that, every member having a calendar to serve as a reminder of coming meetings, no postal cards shall for the future be sent out, unless for some special occasion. A most enjoyable reception was then held in the rectory by the rector and his wife. We are now meeting on every Thursday to sew for the sick relief fund fair, and are privileged to use the new Alice Broome Memorial Parish House, which was opened February 8, and permitted our giving a reception on the 10th in honor of our chaplain-general. Seldom has there been such a gathering of nurses, and most gratifying was the announcement that the Isolation Infirmary, for which we have so long striven, is, in the near future, to be an accomplished fact. The ground has been ceded by the Board of Governors of the Training-School, with the promise from them of over one thousand dollars. A scheme was immediately set on foot to secure the coöperation of the nurses themselves, who are to be the chief beneficiaries. It remains now to be seen how soon the plans can be executed which have been already drawn up for a most complete little building of two stories. The upper floor can only be reached by an outside stairway, so that there can be no communication between the two floors, on which different diseases will be treated.

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#### PROVIDENCE

THE monthly meeting of the guild was held at St. Stephen's Church on Thursday, February 4. The Rev. F. R. Bassell, rector of the Church of the Redeemer, was received as a priest associate, also Miss Mary Peck as an associate. The business meeting was held in the Parish House. The Committee on Entertainments reported the sum of seventy dollars realized from the musicale given on January 31.

The guild voted to send fifteen dollars to the Oneida Reservation, Wisconsin, towards the payment of the salary of the nurse in the hospital there.

Mrs. Chase, of Central Falls, sent to the guild a number of beautiful dolls which the members and associates volunteered to dress for St. Mary's Orphanage, East Providence.



The business meeting was followed by tea, after which Dr. W. L. Monroe addressed the guild on the duties and obligations of the nurse.

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#### TRINITY BRANCH, CHICAGO

THE usual monthly meeting of the Guild of St. Barnabas was held in the Parish House on Monday, February 3. Owing to the extreme severity of the weather only fourteen members were present. The Rev. N. N. Wilson, D.D., acting chaplain, presided. A short business meeting was held. One new medical associate was unanimously chosen, Dr. Lucas, who is in attendance at the dispensary of the Sisters of St. Mary. Mrs. Bouchiere, secretary of the sick benefit fund, then proposed that a reading should be given in the Parish House to raise money for the sick-fund. The suggestion was unanimously agreed to, and Mrs. Bouchiere and the Entertainment Committee were authorized to do as they thought best in arranging an entertainment for Saturday evening, February 22. After the business session Dr. Wieland gave a most humorous and delightful account of a bicycle trip to Europe, which was listened to with the greatest interest. Refreshments were then served, after which the meeting adjourned.

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#### WASHINGTON, D. C.

THE Washington Branch of the Guild of St. Barnabas for Nurses gave an entertainment on January 20 at St. John's Parish Hall. A committee of three, one associate and two active members, arranged for and secured the services of Curtis G. Morse, humorist and impersonator, of Boston, who gave to a very appreciative audience a charming programme of miscellaneous character sketches, selections from "David Harum," and other old men's character parts, which were much enjoyed. Dr. McKay Smith gave the use of the hall, and a kindly interest was shown by both members and friends of the guild. The receipts were about seventy-five dollars. Owing to so many of the nurses being out we did not realize all from our efforts that we might have looked for, every nurse on the roll being out at this writing.





# PRACTICAL HINTS



## SUGGESTIONS FROM A DISTRICT NURSE

THE superstitions one meets in district nursing concerning illness are very curious. It is usually supposed that foreign peoples have more of them, but I have found just as many and as queer ones among our mountain people and remote country people as among the foreigners. The belief in the efficacy of ink as a dressing for burns is quite common. It seems to us altogether preposterous, but must, I think, have arisen in some early time when ink was made, perhaps, from vegetable juices having soothing qualities. The blood of a black chicken for burns seems more remote from common sense, as if it might have been devised by some wizard. But the most curious dressing for burns I ever encountered was one of finely pounded small black beans. It was applied in a thick layer, and I could not trace any connection to an originally common-sense basis, unless it was to contrive a sort of artificial scab under which healing might go on.

We see many burns of all kinds. These poor little tots who crawl around the floor while the mothers wash and work over the stove suffer so many accidents. I could not imagine, at first, what a foreign mother meant who came in and said, "My little boy has cooked himself." On investigation, we found that the child was burned.

It seems to me that, as a regular dressing for burns of the first or second degree, there is nothing more satisfactory than the boric acid ointment. We use it quite regularly as a routine treatment, after flushing the burned surface with Thiersch's solution, weak, and applied in a gentle flow, not touching the part with swabs or cotton if possible to avoid it.

In dressing burns of the first degree, after the blisters have been punctured, I am no longer so zealous in cutting away the loose skin as I used to be when a fresh recruit. I have found that no better protection for the tender under-surface can be devised than this layer of upper skin. I like to keep it there until the new skin has become quite firm and strong, and by snipping it for drainage and by careful irrigation all suppurating points can be kept perfectly well cleaned. I find that other district nurses have learned by experience, as I have, that a burn of the second degree, if treated with stimulating applications, is very likely to run into exuberant granulations, and so give more trouble than ever. I have had this happen when, impatient of slow growth, I had used balsam of Peru perhaps too liberally. However, for burns of the third degree, with much destruction of tissue, the most wonderful results have followed the treatment of one of our surgeons, who applies pure balsam of Peru, with a few drops of pure carbolic acid added, I think about four drops to a half-pint. This he pours copiously over the wound daily, thick padding and bandaging following, and his results in bad cases are surprising.

I have often had occasion to use the dressing I see recommended by Dr. Boswell in one of the late JOURNAL issues—bicarbonate of soda mixed with water to a thick cream and applied liberally. This is the nicest dressing one



can put on a fresh burn or scald, for it seems to "draw out the pain," as the patients say, in a short time in quite a wonderful way.

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#### HINTS IN NURSING MATERNITY PATIENTS

A BREAST-BINDER is useful when the breasts become uncomfortable from distention. In such cases use the binder simply as a support, pinning it just tight enough to make it comfortable.

When for any reason it is expedient to dry up the milk entirely,—e.g., when the infant is still-born,—apply the breast-binder immediately and keep it pinned snugly in position until the eighth or ninth day, placing a pad of cotton between the breasts in order to equalize the pressure. The front of the binder is turned in to fit the figure, and pins placed about one inch apart; the shoulder-flaps should be pinned last.

This procedure is all that is required. The milk disappears naturally and no inconvenience is experienced by the patient.

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#### RULES FOR CUTTING A SNIVELY BREAST-BINDER

THE following rules will be found useful to those who do not understand how a breast-binder should be cut.

*Materials.*—Sixteen inches of strong, unbleached cotton or calico, one yard wide.

1. Fold the selvedge edges together. Then fold in the same direction again. Your cloth is now four thicknesses, and must remain so until all cutting is finished.

2. Your first cut will be on the side opposite the selvedge edges. Place the scissors two inches from the edge and cut downward eight inches (this will be just one-half), taking a circular direction outward after cutting seven inches. This forms the arm-hole. The straight edge, thirty-six inches long, is now the bottom, and the opposite side the top.

3. Fold the four thicknesses over about four inches. This will bring the selvedge edge even with the first inches of the opening first made for the arm. Press this firmly with the hand so as to leave the mark of the fold. Then unfold. Place scissors three inches from the top on selvedge side, and cut in semicircular direction upward towards the top of the mark of the fold. This forms the neck.

4. Place scissors one inch from top of opening made for arm, cut diagonally upward four inches to top of fold or crease, remembering that while you begin by cutting off *one inch*, you gradually cut less and less as you approach the top of the crease. This forms the shoulders.

N.B.—No. 4 is not important, as the binder can be made to fit without this cut.

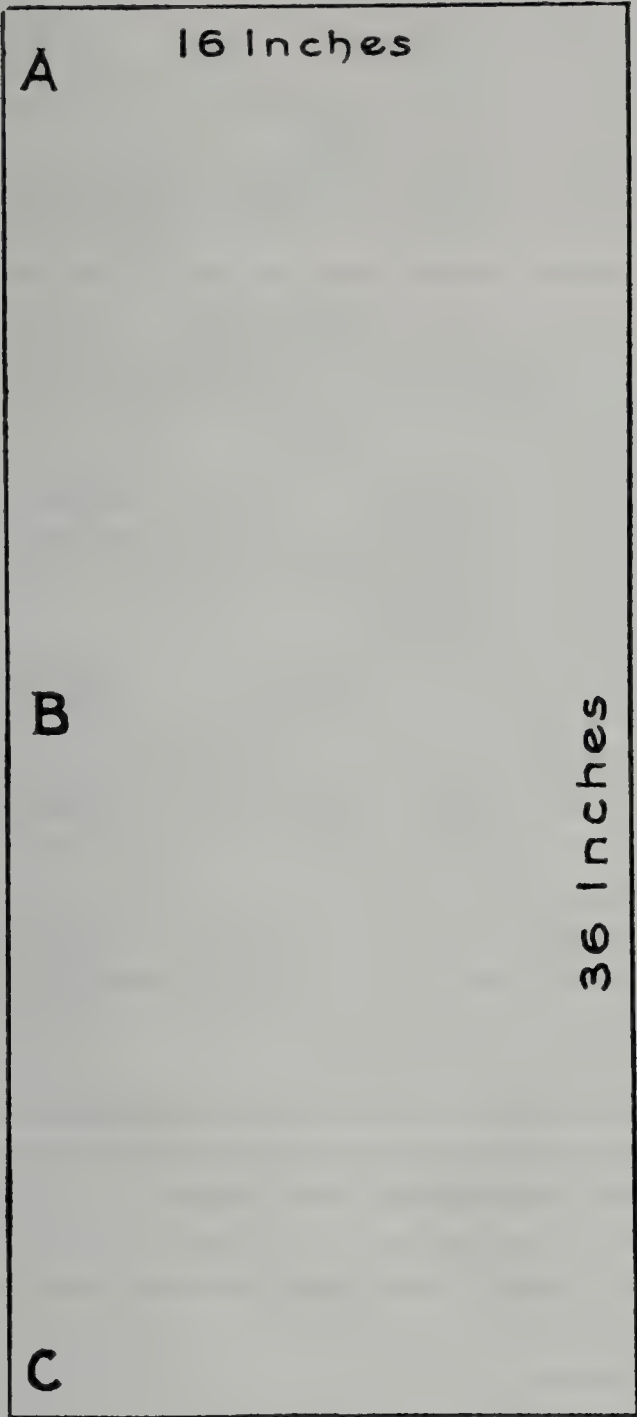
5. In applying binder use safety-pins for shoulders and ordinary pins for the front. The front may be turned in so as to fit the patient, no sewing being required. Should the breast measure more than thirty-six inches, a piece of cotton can be cut lengthwise, making it the required number of inches long and sixteen inches wide. Then cut as directed in Rules 1, 2, and 3.

NOTE.—This breast-binder was invented by Miss Snively, and has been in use in the Toronto General Hospital for several years.

On the following page are given diagrams of the binder, with methods of cutting and making.

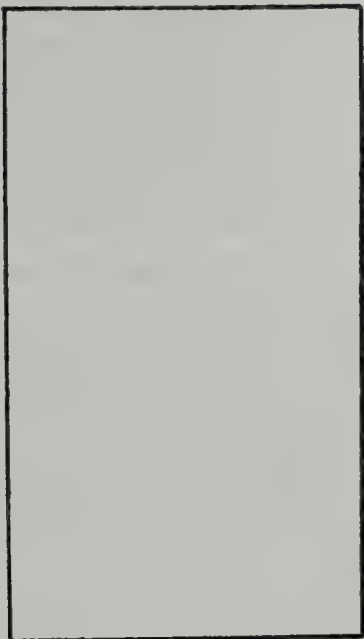


No. 1.



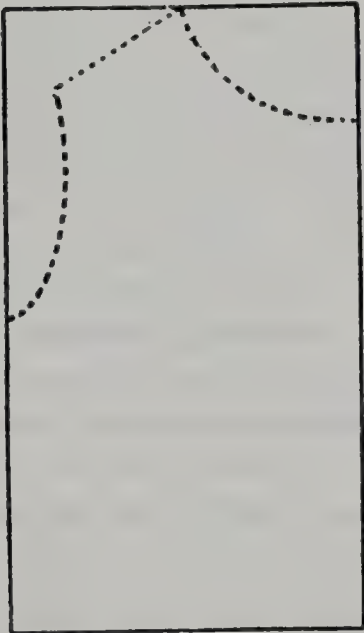
Fold A to B, then B to C.

No. 2.



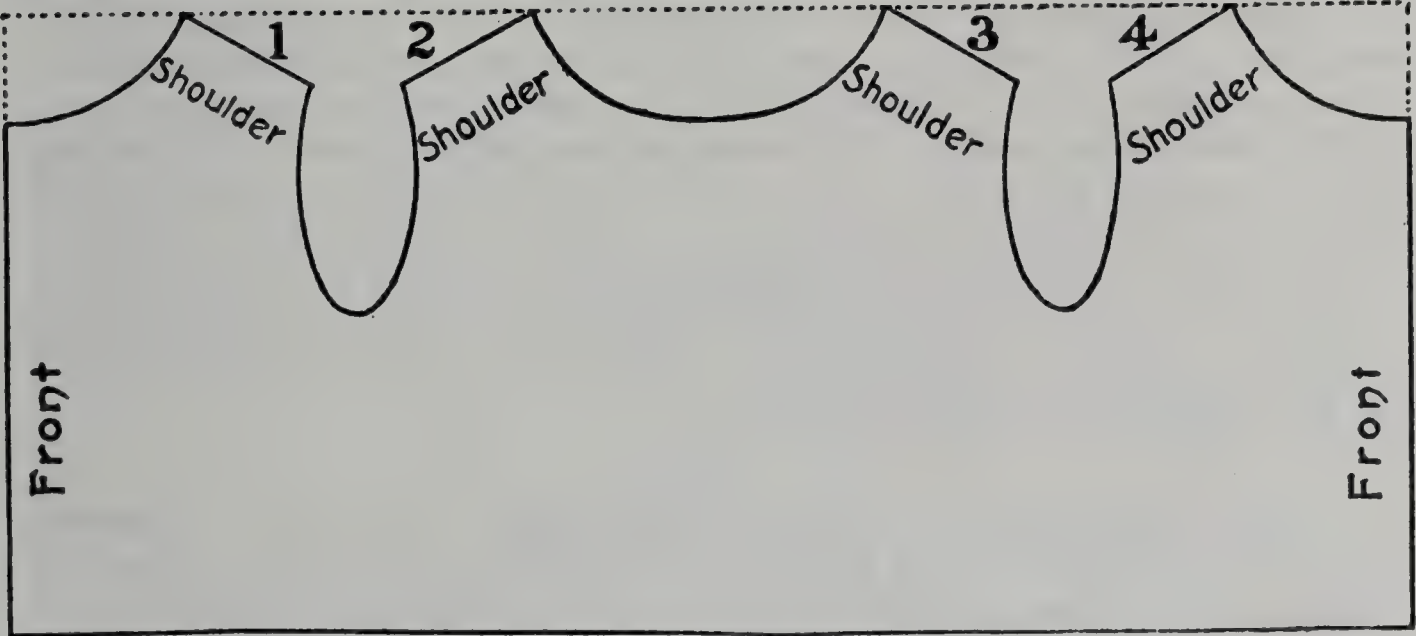
Cloth folded ready for cutting.

No. 3.



The dotted lines indicate the part to be cut out for arms and neck, with centre line representing fold.

No. 4.



Binder completed. Piece Nos. 1 and 2 together and then 3 and 4 together to form the shoulders.



## PREPARATION SET FOR LAPAROTOMY

*Primary Set.*—One abdominal pad; six gauze sponges (puff); six cotton sponges (puff); gauze compress for abdomen; gauze compress for vulva; one piece gauze packing; case or square of muslin for sterilizing it in.

*Directions.*—The abdominal pad is to be made of a piece of gauze twenty inches in width by thirty-four inches in length; the cotton inside of the pad is to be ten inches long by thirteen in width, so that ample gauze is left to turn in all edges. The sponges are squares of cotton or gauze nine by nine inches, the edges are all turned in, and the four corners twisted together, making a puff.

The compresses of gauze are of half-yard lengths, and can be used either as flat or fluff dressings.

The packing is of gauze. After edges are turned in it is about three-quarters of an inch wide and thirty inches long. The entire set is rolled together and encased in a square of muslin marked "primary preparation set," pinned snugly, and sterilized for one hour. To be used when necessary.

The secondary preparation set consists of about the same articles except the abdominal pad, as by keeping the side next to the skin sterile it can be used after the skin has again been prepared in the morning, before the patient goes to the operating-room. Sterile towels are put around the parts to be prepared, and the nurse is expected to sterilize her hands and arms as well as all utensils used after the shaving of the skin is done.

One of the modes used is: After the bath and hand-wash shave abdomen; cleanse and scrub with green soap, then sterilize hands; put sterile towels around parts; with sterile hands rinse with bichloride 1 to 4000, alcohol, ether; bichloride compress, 1 to 4000; abdominal pad; binder.

*Secondary Preparation.*—With sterile hands remove abdominal dressings and scrub abdomen with sterile green soap; rinse with sterile water, alcohol, ether; bichloride compress 1 to 2000 over abdomen; abdominal pad; binder.

In some cases the carbolized compress is used instead of the bichloride. This remains moist, and is left until the patient goes to the operating-room, and does not necessitate a secondary preparation.

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MOUTH WASH

AN excellent mouth-wash for typhoid patients (or, indeed, any case where the mouth requires attention) is made by diluting peroxide of hydrogen with an equal quantity of water. This cleanses the mouth better than anything the writer ever used. It may then be followed by a simple wash of listerine and water. In cases of sore nipples, the use of Dr. Wansborough's metallic shield is followed by very satisfactory results. This shield is worn in the intervals of nursing, and the theory of its curative properties is that, being applied immediately after nursing, the nipple is immersed in a solution of lactate of lead formed by lactic acid in the milk acting on the metal. The nipples certainly heal rapidly under their use. They have also the advantage of being much less trouble than any application of bismuth or castor-oil, etc. Care must be taken, of course, to wash off the nipple before the child is nursed.

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EVERY nurse should read "The American Business Woman," by Cromwell. If she has "savings," it will help her to invest them judiciously. If she has not, it may start her ambition in that direction. The deplorable condition in



which a graduate nurse was recently found emphasizes anew the shiftlessness of nurses in relation to all money matters. When this nurse, who had been earning from twenty to twenty-five dollars weekly, became ill she was absolutely without money. When convalescence occurred and it was necessary to send her away, as she had no relatives or friends, a collection had to be taken up among the nurses, and medical men also were told of her pitiable condition and asked for assistance.

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A NURSE who was caring for a child recovering from an operation was one day approached after breakfast by the waitress in the family, who complained of an aching head and back and of a rash on her forehead. The nurse examined the rash closely and thought it resembled that of small-pox, which she had once seen. The master and mistress of the house had gone to the city for the day and the town was a very small one, affording no facilities for illness. The nearest doctor was sent for and the maid isolated on a veranda until his arrival. He had never seen a case of small-pox, but thought this answered the description, so the nurse sent to the city for another doctor, a nurse, and for health officers, and in the meantime looked about her for a suitable place for the maid. The only thing available was an abandoned street-car which had been taken from its wheels and set up in the garden as a playhouse for the children. A cot was placed in this and the maid put to bed. When the parents of the child returned at night they found the house in process of fumigation and an isolation hospital established in the car. This proved a good place for the patient, who stayed there with her nurse throughout her illness. That no other cases developed from this one was doubtless due to the knowledge and prompt action of the first nurse.

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MARBLE is very easily destroyed, while most of its injuries are difficult to repair. Acids dissolve marble readily; the stronger the acid, the more rapid its action.

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"NERVOUSNESS" and "timidness" are not synonymous. The nervous patient may be very courageous while the one "without nerves" may be easily alarmed.

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CHILDREN who have never been taught to repress themselves are excellent subjects for hysteria.





# OFFICIAL REPORTS OF SOCIETIES

IN CHARGE OF  
MARY E. THORNTON



[We must ask contributors to this department to make their reports as concise as possible, omitting all mention of regular routine business, and stating such facts as are of special interest to absent members or to the profession at large. The JOURNAL has already increased its reading pages from sixty-four to eighty, and it must keep within these limits for at least the remainder of the present year. In order to do this all of the departments are being condensed to make room for our constantly increasing items of interest.—ED.]

THE fifth annual convention of the Trained Nurses' Associated Alumnae of the United States will be held in Chicago on Thursday, Friday, and Saturday, May 1, 2, and 3, in the Lexington Hotel, corner of Twenty-second Street and Michigan Avenue.

*Thursday, May 1.*—Morning devoted to committee meetings, and at one P.M. the presentation of credentials and the payment of annual dues will be in order. Two-thirty P.M., session opened with prayer, followed by the address of welcome, with a response by the president. After report and announcements of Committee on Arrangements the meeting will be adjourned for an informal gathering of officers and delegates. At eight-thirty P.M. reception to delegates and visitors at St. Luke's Nurses' Home.

*Friday, May 2.*—Nine-thirty A.M., reports of committees, business, unfinished and new, after which the meeting will be adjourned for a luncheon to be served in the banquet-hall of the Lexington, the officers and delegates being the guests of the Alumnae Association of the Illinois Training-School, the Mercy, Michael Reese, and St. Luke's Hospitals. During the afternoon the Committee on Entertainment will escort visitors to the various hospitals. Eight P.M., paper upon organization and legislation for graduate nurses. Discussions. Adjournment.

*Saturday, May 3.*—Nine-thirty A.M., open meeting for discussions upon suggested topics. Two P.M., paper and discussion upon preparatory instruction for nurses. Paper and discussion upon post-graduate work.

The Committee on Arrangements has been fortunate in securing accommodations for delegates at the Lexington Hotel, and by courtesy of the proprietor, Mr. George R. Ross, the use of a hall for the three days of the convention. Rooms may be had also at the following addresses: Miss Bouchier, 3040 Calumet Avenue; Miss Inness, 3000 Prairie Avenue.

Arrangements for a reduction in railway fares are being perfected, and we give here instructions for obtaining same, which should be impressed upon delegates. Tickets at full fare for the outgoing journey may be secured within three days, exclusive of Sunday, prior to the first day of the convention. Each purchaser of a ticket must ask the agent for a certificate—do not make the mistake of asking for a receipt. Certificates are not kept at all stations. If there should be none at the small station where your delegate is to board the train, instruct her to purchase a local ticket to the larger station, where she may



obtain through ticket and a certificate. In view of this contingency will be seen the wisdom of arranging for transportation two or three days in advance.

An agent of the railway company will be in attendance the afternoon of May 2 to validate certificates. No certificate can be validated except during the time the agent is at the convention hall, and unless the certificate is validated the holder is not entitled to any reduction on the return fare.

The committee will be glad to receive any propositions that may be presented by the Alumnae Associations, and any information will be gladly supplied upon request by the secretary.

MARY E. THORNTON,  
Secretary.

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## THE AMERICAN FEDERATION OF NURSES AND THE NATIONAL COUNCIL OF WOMEN

### PREAMBLE TO THE CONSTITUTION OF THE NATIONAL COUNCIL OF WOMEN.

"We, women of the United States, sincerely believing that the best good of our homes and nation will be advanced by our own greater unity of thought, sympathy, and purpose, and that an organized movement of women will best conserve the highest good of the family and the state, do hereby unite ourselves in a confederation of workers committed to the overthrow of all forms of ignorance and injustice, and to the application of the Golden Rule to society, custom, and law."

THE triennial of the National Council of Women of the United States met in Washington on February 19 to 25. The mornings were given to the business of the council; public meetings, at which the reports and papers from the different affiliated societies were read, were held each afternoon and evening.

The report of the American Federation of Nurses was read on Thursday afternoon by the president, Miss Nutting, and a paper entitled "The Entrance of the Nursing Profession into Reform and Preventive Work" was read on Thursday evening by Miss Linda Richards, the delegate of the federation. Both of these papers were received with marked cordiality and interest, and our delegates received a friendly welcome into the council. The council represents a great variety of organized work of one kind or another among women, and the "Council Idea" is that of a forum, where all may meet and make themselves and their purposes known. It is by no means essential to the "Council Idea" that all should hold the same views or follow the same path in their work; however, one great fundamental purpose is common to all,—viz., the purpose of building up and evolving some definite organized reform out of and from an unorganized society. The impression, as a whole, that one carried away was of foundation-walls being laid for some vast structure, the magnitude of which is as yet unrealized.

The "Council Idea" is new, but the plans for constructive and all-inclusive work as outlined by Mrs. Spencer, the retiring corresponding secretary, and Mrs. Sewall, honorary president, give most inspiring glimpses of the possibilities of a society in which all good forces strengthen one another for positive results.

Undoubtedly the international opportunities which this affiliation with the council gives us will appear to many as our especial privilege. As space does not allow a complete report of all the proceedings in one issue, more detailed accounts of the business transacted will be given from month to month. The new president elected is Mrs. William Tod Helmuth, of New York, a woman of wide influence, who will be a strong leader.

L. L. DOCK,  
Secretary.



## SPANISH-AMERICAN WAR NURSES

THERE has been mailed to every member of the Order of Spanish-American War Nurses a little booklet containing the constitution adopted at the first meeting in New York City, 1900, and the by-laws adopted at the second meeting in Buffalo, 1901, with a full list of members with addresses. With this was sent Dr. McGee's official report of the Buffalo meeting. These were sent to every one holding the badge of the order. Any members who have failed to receive their copy of the constitution, etc., may have a duplicate copy sent if they will notify the secretary, who will be glad also to have corrections as to addresses sent her. Address all letters to Mrs. Harriet Camp Loundsbery, secretary and treasurer Spanish-American War-Nurses, Charleston-on-Kanawha, W. Va.

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## NEW BEDFORD, MASS.

THE fourth regular meeting of the St. Luke's Hospital Alumnae Association of New Bedford, Mass., was held in the hospital assembly-room on Monday, February 3, 1902, at four P.M., seven members being present.

A letter was read from Miss Nellie F. Cummings, resigning her position as vice-president and from all committees, and it was regretfully voted to accept this resignation. To fill vacancies, Miss Robbins was chosen as vice-president and Miss Jenney a member of the Committee on Resolutions. Also in the absence of Miss Mariner for the next few weeks, Miss Robbins was chosen secretary pro tem.

Four names were then presented for membership and were unanimously accepted as members of the association by a show of hands.

It had been expected that Dr. Stetson would address the meeting explaining the X-Ray and its use, but owing to an accident to the machine that morning this pleasure was necessarily postponed.

The fifth annual meeting was held on March 1. The members of the association and the pupil nurses had the pleasure of hearing Miss Linda Richards upon the subject of alumnae organizations and their work. Miss Richards emphasized the necessity of each individual nurse bearing her share of the responsibility of the present situation in the nursing world. She advised every nurse to keep herself informed, by means of our excellent JOURNAL, of what is being done to place our profession upon a higher plane and widen the influence and usefulness of the trained nurse, and to add the weight of her individuality to every forward movement by means of the local and associated alumnae. Miss Richards's earnest words and remarkable personality will prove, undoubtedly, an inspiration to all who heard her.

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## ROCHESTER, N. Y.

THE quarterly meeting of the Alumnae Association of the Rochester Homœopathic Hospital was held in Miss Allerton's house on the hospital grounds February 4, 1902.

Miss Julia Bailey, delegate to the New York State meeting, gave an interesting report, and Miss Reine Cone was elected delegate to the Albany meeting. It was voted to send a notice of each meeting to THE AMERICAN JOURNAL OF NURSING. A motion was made and carried that members of the Alumnae Association should not appear on the street in uniform. It was suggested that some-



thing be done to make the meetings more interesting, and a committee was appointed to make the necessary arrangements for a course in parliamentary law.

After the business light refreshments were served and a social hour enjoyed.

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#### BROOKLYN

THE regular meeting of the Brooklyn Hospital Alumnae was held on March 4. The president was in the chair and seventeen members were present, among them two graduates from out of town, Mrs. J. H. Campbell and Miss M. A. Brown. One new member was admitted. Mrs. Henbach was elected as delegate to the Associated Alumnae Convention. Miss Palmer had been invited to address the association, but owing to a previous engagement was unable to come. It is hoped that it is only a pleasure postponed.

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#### BALTIMORE—MARYLAND HOMŒOPATHIC HOSPITAL

THERE was a special meeting of the Alumnae Association on Monday, February 24.

After arranging some old business, the subject of a down-town directory was taken up, and after some pretty hard work matters were successfully arranged for a directory at the Maryland Homœopathic Pharmacy, 310 North Howard Street. All graduates of a homœopathic hospital in good professional standing are invited to use this directory. The presentation of their diplomas is necessary. The fee is one dollar a year.

Miss Albaugh, the late president, has for some time been in New Haven, Conn., as superintendent of Grace Hospital. She was formerly superintendent of the Barnard Sanatorium of this city, but resigned that position to take her present field of work.

We also must record with sorrow death's first invasion of our little body. On February 17 Miss K. V. Forrester, Class of 1899, and a member of the alumnae, died of nephritis at the hospital.

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#### ALLEGHENY

VERY little has been accomplished by the association the last few months, illness has visited so many of our members. Miss Trimble, Miss Bradford, Miss Mitchell, and Miss Loker have been seriously ill, but are now recovering, and it is hoped the society may soon muster its forces and work with renewed vigor after its enforced idleness.

Miss Roxana Braine was married on January 20 to Mr. William Pinches, of Tarentum, Pa.

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#### BOSTON—NEW ENGLAND HOSPITAL

THE January meeting of the alumnae was held as usual at the hospital on the second Saturday of the month. Miss Isabella R. Hall entertained those present with an original paper upon "The Feeding of Infants." At the February meeting the alumnae listened to a vivid description of work as a pioneer district nurse in the city of Salem by Miss Grace Robinson.



## BOSTON

THE regular monthly meeting of the Alumnae Association of the Boston and Massachusetts General Hospital Training-School for Nurses was held on February 25 at the Thayer Library, Miss M. E. P. Davis, president, in the chair. The roll-call showed thirty-eight members present.

A letter from Miss Kleonike Klonare, from Athens, Greece, was read by Miss Anderson and listened to with much pleasure by the association.

The chairman of the Committee on Parliamentary Law gave a full report from that committee, stating that a course of study under the supervision of Mrs. Shattuck was now in progress, meetings being held at the rooms of the Boston Nurses' Club.

The following named were appointed a committee to nominate delegates to the Associated Alumnae meetings to be held in Chicago in May: Miss Martha Parker, Miss Alice O. Tippet, and Miss Annabel McCrae.

It was voted that the meetings of the alumnae be held in the Library in future instead of in the Gymnasium, and that the extra work for the maid contingent upon this change be paid for by the association at a cost not to exceed one dollar per meeting.

Miss Sophia F. Palmer, editor of *THE AMERICAN JOURNAL OF NURSING*, then addressed her associates of the alumnae on the subject of "State Organization."

The members listened with much pleasure to Miss Palmer's address, and it was moved and seconded that a vote of thanks be given her for the exceedingly interesting manner in which she has brought this subject before them.

The meeting then adjourned to the Gymnasium for a social half-hour.

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HARTFORD

AT the meeting of the Hartford Alumnae, held on February 1, Miss Linda Richards, superintendent of nurses at the State Hospital in Taunton, gave an interesting talk on "The Nursing of the Insane."

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TORONTO

THE monthly meeting of the Toronto General Hospital Alumnae Association was held at the hospital on Tuesday, March 11, at three P.M., the president, Mrs. Pafford, in the chair.

It was decided to add a clause to the constitution to the effect that any nurse may, by paying the sum of twenty-five dollars, become a life member of the association. The sum of one hundred dollars was voted from the alumnae treasury towards the sick-benefit fund. It having been proposed to hold a bazaar, to raise money for the fund, a good deal of discussion ensued as to the best method of carrying out the plan. It was decided to leave definite arrangements till a future meeting.

The nurses were glad to have present with them Miss Ella Thorne, Class of 1894, who has had charge of a hospital in Sudbury, but who is on her way to Mexico to be superintendent in the hospital at Mapimi.

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SAGINAW GENERAL HOSPITAL

THE nurses of the Saginaw General Hospital School met on March 5 and organized an alumnae association with twelve charter members.



The following officers were elected: President, Miss Annie M. Holcomb; first vice-president, Miss Marion Murray; second vice-president, Mrs. Ellen Cummings; secretary, Miss Blanche Post; treasurer, Miss Matie McMann; Board of Directors—Mrs. Thos. Oliver, Mrs. Longstreet, and Miss Marie Firchan.

The meetings are to be held the first Wednesday in each month.

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#### MT. SINAI ALUMNÆ ASSOCIATION

THE regular monthly meeting of the Mount Sinai Alumnæ Association was held at 149 East Sixty-seventh Street, March 6.

No business was transacted, but an instructive lecture by Miss Jean Campbell was given on her recent trip around the world. Miss Campbell has been asked to give her lecture upon Australia in the near future. After the lecture tea was served.

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#### HOSPITAL OF THE GOOD SHEPHERD, SYRACUSE, N. Y.

AT the regular meeting, held February 27, 1902, twenty-one nurses were present. The report of the committee on the furnishings of the alumnæ room, advising the expenditure of one hundred and seventy dollars for such furnishings, was accepted (one hundred dollars has already been paid for this object). The Sick Committee presented a bill for flowers sent to one of the members during illness. The Committee on Nurses' Home reported progress, but no definite conclusion. The report of the New York State Nurses' Association was given by Miss Gardner. Duets on the guitar and zither were rendered by friends. Light refreshments were served. Meeting adjourning at five o'clock.

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#### NEW YORK STATE MEETING

THE annual meeting of the New York State Nurses' Association will be held in Albany on the third Tuesday in April (the 15th), 1902. Due notice of the place and time of meeting will be sent by mail to the members.

ELIZABETH C. SANFORD,  
Secretary.

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#### PHILADELPHIA

A STATED meeting of the Protestant Episcopal Hospital Alumnæ was held March 4 in the Church House, Twelfth and Walnut Streets, the president in the chair.

A motion was made to have quarterly social meetings at the hospital, but was laid upon the table. The secretary will send a copy of the amendments to the constitution to each member before the annual meeting in June. A letter from Miss Thornton, secretary of Associated Alumnæ, stating that we were eligible for full membership in that society, was read and acted upon.

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THE regular monthly meeting of the Philadelphia County Nurses' Association was held at the College of Physicians on Wednesday, March 12, 1902, at three P.M.



It was moved and carried that the Philadelphia County Nurses' Association extend an invitation to the Associated Alumnae to hold their next meeting, 1903, in Philadelphia.

As there seems to be some misinterpretation among graduates and alumnae associations not already belonging to the Philadelphia County Nurses' Association, the eligibility clause governing admission is now given.

By-Laws, Article 1, Clause 1:

"Active members shall include women who have graduated from training-schools for nurses connected with general hospitals in the county of Philadelphia containing not less than fifty beds, and giving not less than a two-years' course in the wards of the hospital, or whose experience, gained by post-graduate or other additional nursing work, shall be considered an equivalent; also of women who have graduated from other recognized training-schools, and who have been resident in the county of Philadelphia for at least one year."

Application blanks for membership can be obtained from the secretary, Mrs. M. G. Anders, 1836 Wallace Street, Philadelphia.

N. M. CASEY,  
M. G. ANDERS,  
M. LEWIS,  
Publication Committee.

#### BUFFALO

MISSES COX and FLICKINGER entertained the Erie County Hospital Alumnae Association at its regular meeting on March 5.

In the absence of the president Miss E. J. Keating presided. One new member, Miss Harriet Hagle, was received into the association. A report of the Committee on Parliamentary Law was considered, and it was decided that the association would begin this study in the spring.

Miss Damer, president of the Trained Nurses' Associated Alumnae of the United States, was present and suggested that the association send a delegate to the National Convention to be held in May. Miss Jennie M. Cox was accordingly appointed delegate. After adjournment refreshments were served, the table being decorated in pink and white, the colors of the Training-School.

#### CLEVELAND

At a meeting of the Graduate Nurses' Association of Cleveland, held at Lakeside Hospital on Tuesday, February 25, a paper was read by Dr. George D. Upton on "Surgical Emergencies." The paper was followed by a discussion.

The question of instituting a fund for sick nurses was brought up, and a committee of three appointed to consider ways and means.

#### ILLINOIS—ST. LUKE'S, CHICAGO

ST. LUKE'S Alumnae Association of Chicago has appointed Mrs. Marie L. Cuthbertson and Miss Emma Dawson as delegates, and Miss Anne Louise Pearse and Miss Wilfreda Brockway alternates, to the convention of the Trained Nurses' Associated Alumnae of the United States, to be held in Chicago May 1, 2, and 3.



## ALUMNÆ ASSOCIATION OF ILLINOIS TRAINING-SCHOOL

THE monthly meetings of the association, resumed in September, have maintained a good attendance, averaging about thirty-five. The initial meeting, necessarily devoted to business, was followed in October by reports from delegates and other members on the Buffalo meetings. Miss Amy Hughes, of England, was present on this occasion and addressed the nurses. The November meeting, devoted to "Typhoid," with special reference to new or unusual features in type, complication, or treatment, was most interesting and helpful, and brought forth most animated discussion. No less interesting was the December meeting and "thimble-bee," when "Infantile Disorders" were being discussed while fingers were busy tying small comforts for the Hull House Crèche. An informal tea, given by our "house-mother," Mrs. Sanders, completed this afternoon.

The meetings of January, February, and March have been devoted to parliamentary law under the guidance of Mrs. John D. Sherman, who has been a most delightful and inspiring instructor. The work for the year closes with two lessons on points in domestic science, given by Miss Lutz, one of our members, who is a graduate of the Domestic Science Department of Lewis Institute. Last on the programme is the annual banquet in May, a glorious family reunion that all plan to attend.

Our membership shows a considerable increase, and all work has been planned with a view to enlist as many new recruits as possible. The *alumnæ* publication, a monthly, continues to combine most interestingly the secretary's minutes, papers on pertinent topics, points from the medical journals (contributed by Dr. Gardner, Class of 1892), and from THE AMERICAN JOURNAL OF NURSING, together with all available news-items.

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NURSES TO BE SANITARY INSPECTORS

THE Common Council of Buffalo, N. Y., have passed an ordinance by which the nurses engaged in district work are made Sanitary Inspectors to serve without compensation. These nurses are known in the Buffalo Nurses' Association as the Sanitary Aid Committee. They have power to inspect tenement-houses, and will interest themselves in the work of the Consumers' League. The women upon whom this honor has been conferred are Miss Annie Damer, Miss Anna Dean, Miss Alice Myers, Miss Adalaide Colegrove, and Miss Agnes S. Dill.

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BACK NUMBERS WANTED

ANYONE having copies of the July and October, 1901, numbers of the JOURNAL that they wish to dispose of will please communicate with the editor.

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MARRIED

IN Buffalo, March 13, Miss Madeline E. Ross, graduate of the City Hospital Training-School, Rochester, N. Y., to Mr. Frank T. Ellison. Mr. and Mrs. Ellison will live in Rochester.

ON March 12, at Arening, Ont., Miss Allison Carruthers, Class of 1897, Erie County Hospital, Buffalo, to Mr. Alexander Spencer, of Battleford, N. W. T.



## BIRTH

ON February 28, to Dr. and Mrs. Hunter Robb, of Cleveland, O., a son.

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## OBITUARY

THE following resolutions upon the death of Mrs. Anna M. Kind, of the Class of 1897, Protestant Episcopal Hospital, Philadelphia, were adopted by the Alumnae Association at the meeting March 4:

"WHEREAS, It has pleased our Heavenly Father to remove from our midst an esteemed member of our association.

"Resolved, That in her death the association has lost a highly esteemed member and the nursing profession a faithful worker.

"Resolved, That a copy of these resolutions be extended with our deepest sympathy to her son, and that a copy be sent to THE AMERICAN JOURNAL OF NURSING and a record of same be made upon the minutes of the society.

"G. A. KITCHEN,

"L. K. FREE,

"S. M. MUTCHLER,

"Committee."

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AT the meeting of St. Luke's Alumnae Association, held February 3, the following resolutions were adopted, Mrs. Emma Baker Newcome being a member of the association and Dr. Newcome having been connected with St. Luke's Hospital at one time:

"WHEREAS, It has pleased God in His all-wise but mysterious providence to remove Dr. Scott C. Newcome from a life of activity and usefulness to His eternal rest; and

"WHEREAS, We realize that we have been deprived of a friend and fellow-worker for suffering humanity, one whose energy and devotion to his profession were an inspiration to us, and whose death is deeply felt among his many friends; therefore be it

"Resolved, That we, the Alumnae Association of the St. Luke's Hospital Training-School for Nurses, New Bedford, Mass., hereby express our sincere sympathy to his widow and family in their sorrow, assuring them that we feel ourselves sharers in their great loss; and be it further

"Resolved, That these resolutions be written in the records of our association, that a copy be presented to the bereaved widow, and that a copy be sent to the leading Walpole paper.

Signed,

"EVELYN F. ROBBINS,

"MARY M. JENNEY,

"HANNAH P. LAWRENCE,

"Committee."

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"WHEREAS, The members of the Alumnae Association of the Training-School of the Maryland Homœopathic Hospital have learned with sincere regret and sorrow of the decease of their classmate and member, Miss Forrester;

"WHEREAS, The members of the association deem it proper that action should be taken in regard thereto; therefore be it

"Resolved, That in the decease of Miss Forrester the members have lost one who has always shown loyalty, love, and devotion for her work, endearing her-



self to fellow-nurses, patients, and friends alike, and by her unselfishness and sweet disposition making all love her with whom she came in contact.

*Resolved*, That a copy of these resolutions be sent to her family and be entered upon the minutes of the association.

" ALICE TREGISE,  
" Secretary."

As through the wisdom of an all-wise Ruler there has gone from our number a dearly loved sister nurse, be it

*Resolved*, That to the father, to the mother, and to the brothers, we, the Nurses' Alumnæ of the Allegheny General Hospital, extend our sincerest sympathy and love, trusting that in the lonely hour there shall come to them a knowledge of the Presence which lightens every burden and soothes every grief. Then, too, may they look Beyond, realizing that in the Home not made with hands there shall be no sorrow, and all tears shall be wiped away.

As we, the Nurses' Alumnæ of the Allegheny General Hospital, consign to our records our expressions of sincerest love for our sister nurse and our deepest sorrow at her death, be it

*Resolved*, That there, too, shall be found the highest tributes to her noble character which we, as Christian women, can lay before the shrine, and that we cherish as a stimulus in our own character building the memory of her unswerving loyalty to duty and her faith in the One she loved to honor.

FLORA LINWOOD BRADFORD,  
K. ESTELLE LOHR,  
A. MARY BLACK,

Committee.

At the Auburn City Hospital, on February 16, Mrs. Myra Swain Heffeman.

Mrs. Heffeman was a member of the Class of 1887 of the Buffalo General Hospital. She was the superintendent of the Auburn City Hospital from the year of her graduation until her marriage in 1892, where she organized the Training-School, and during the last years of her life she was engaged in private nursing.

At the regular monthly meeting of The Trained Nurses' Association of Denver, Col., the following resolutions, prepared by a committee, were adopted:

" WHEREAS, The distinguished and talented physician, Dr. J. T. Eskridge, having recently passed to the Great Beyond:

*Resolved*, That the members of The Trained Nurses' Association have thereby met with an irreparable loss. He was teacher, counsellor, and friend of the whole nursing profession. It was through his personal encouragement that this association was organized in this city, and he ever stood ready to assist in any measure that looked towards the elevation of the standard of professional nursing. Each member of the association desires to express her deep sense of regret and the realization of the great loss the scientific world has sustained.

"Our sympathy is extended to his wife and friends in their great bereavement."

" WHEREAS, The distinguished and talented surgeon, Dr. Clayton Parkhill, having recently passed to the Great Beyond:

*Resolved*, That the members of The Trained Nurses' Association bear humble tribute to his memory by expressing their gratitude for his ready in-



terest in all matters that concerned the nursing profession. By his incomparable work as a surgeon he inspired every assistant with a desire to do her utmost in helping to bring about the best results.

"Each member of the association desires to express her deep sense of regret and the realization of the great loss to the surgical profession.

"Our sympathy is extended most sincerely to his wife and children in their great bereavement.

"WINIFRED A. DONALDSON,

"MARY J. KOBER,

"MIRIAM G. VAN GORDER,

"Committee."

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# FOREIGN DEPARTMENT

IN CHARGE OF  
LAVINIA L. DOCK



## AN APPEAL ON BEHALF OF THE SICK POOR OF PUERTO RICO

[THE pathetic condition of the sick poor of Porto Rico, of which we heard also harrowing details in reports sent to the Suffrage Convention at Washington, ought to appeal to every nurse and woman.—ED.]

“ SAN JUAN, PORTO RICO.

“ One of the great needs of this island is a general hospital. There are only two such hospitals among a population of one million people—one at Ponce and one at San Juan. They are old, leaky, and miserable buildings, without drainage or modern improvements. Both of them accept municipal patients only and are small and wholly inadequate. Besides these, there are military and naval hospitals which are limited to patients from the military and navy service, and a few beds at the sisterhoods situated in San Juan and Mayaguez.

“ The hospital at San Juan has seventy-four beds. An average of six people are turned away daily. In one department there are thirty-five beds and ninety patients. There are no trained nurses. There is no operating-room. A hall in an inner court-yard is used for an operating-room through which patients and guests pass during operations. There are no instruments, no provisions for antiseptic treatment.

“ The other towns and cities have no hospitals. The poor especially are without proper means for caring for their sick at home. This imperative need has been brought to our knowledge through many individual cases. We only speak of two as types of them all. A boy of twelve years, with no parents, home, or friends, was seriously ill. He was found sleeping in a door-way to shelter himself from the heavy tropical rain. An application was made to the hospital. There was no empty bed. Several as needy cases had been turned away that day. A sick old woman was carried for miles to Ponce in the hope of getting her into the hospital. She died in the public plaza.

“ When one hundred thousand dollars is raised for the building and equipment of a general hospital that will take needy applicants from all places in the island we are sure that a suitable site will be given and that the Legislature will vote enough means for the support of the hospital. It must be remembered that the insular government of Puerto Rico is young and has enormous expenses in education and road building, and is now going to its financial length in charitable matters by maintaining institutions for the insane, the lepers, and the orphan children; therefore it is not able to build a hospital.”

A committee of American women in Puerto Rico has been formed to put this need before the people of the United States, and the names attached to this appeal represent women of much importance and influence.



## ITEMS

THE English nursing journals record a great many instances of women calling themselves nurses who are brought to trial in the law courts for manslaughter by giving patients the wrong medicines, for criminal neglect, and various kinds of abuses. In some instances these women are impostors; in others they are actually employed as nurses in institutions, showing that there must be reprehensible lack of supervision in many cases. For instance, when we read of the death of a patient from carbolic acid administered instead of medicine, while not condoning the careless nurse, we yet blame still more the management which will allow such a hap-hazard system of keeping medicines and disinfectants mixed up together. If each had their own separate closet, kept under lock and key, such accidents could not happen.

AN association for the sole purpose of securing State registration is being formed in England, of which we will give a full account next month. Miss Louisa Stevenson will be the president.

MISS LOUISA STEVENSON has been reëlected on the Board of Managers of the Edinburgh Royal Infirmary, on which she has served with so much distinction in the past.

A NOTE from Miss Hibbard, received too late to publish last month, tells us that Mrs. Quintard was with her on the committee which framed the hospital and training-school regulations. The others were Cuban citizens prominent in medical and hospital work and in lines of general education.

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LETTERS

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## QUEEN'S NURSING IN THE COUNTRY—A MODEL VILLAGE

SOME nurses occupying country posts are less fortunate in their general surroundings and work than others. It has, however, been my good fortune to be placed in one of the most historical and picturesque parts of England, my rooms, which are very pretty, in a rustic way, being situated in what is termed "The Model Village" on the Duke of Devonshire's estate, about ten-minutes' walk from Chatworth House, which, during the summer months, proves such an attractive feature in the programme of tourists from all parts. The most noticeable features in the village are the quaintly built cottages, each varying in shape and size, standing on an incline, and approached by gravel-walks and flights of steps, the church rising from their midst like some guardian angel, conveying the idea of being different from most of our English villages, which doubtless accounts for the title it has gained. The district in all comprises four villages, a distance of three or four miles between each, with one exception, which is nearer. A bicycle being provided, it is an easy matter in good weather to get about, and two villages can generally be visited in a morning round, starting about nine A.M. and returning one-thirty P.M. The afternoons are considered our time off duty until five o'clock, when the evening round commences, eight hours being the limit of our day's work. "Night duty" we do not undertake unless some special case occurs or we are called up to a maternity. Let me mention here that most nurses occupying these posts possess the "midwifery diploma," though as a rule a doctor is present also, which most of us prefer.

A nourishment fund is provided here, and has been a great help to many patients in nursing them back to health. Several of the soups and foods I



make myself and take round in cans provided for the purpose. If going some distance I often cycle with them, and on one occasion found myself sitting in the road with a pudding in my lap,—a disastrous event, both for the patient and myself. Regarding the work, there are more chronic than acute cases, varied occasionally by midwifery and small operations. One can hardly expect much sickness in such healthy parts. I remember when taking this post, just a year since now, being much impressed by the cleanliness and well-being of the inhabitants, the contrast striking one more after working among the poor of a busy town, where sickness, poverty, and squalor form so great a part of one's daily routine. My only case when paying my first visits in this village was an old woman of eighty-three suffering from bronchitis. In my relief at finding a patient I remarked that I was glad to see her in bed and needing a steam-kettle, whereat she seemed much astonished, and a few weeks later it came to my ears that the general impression of the new nurse was, "She had plenty of town-fangled notions, but would want learning a sight about country ways, nor would she like to be in bed herself with a steam-kettle." Evidently from this my remark was ill-chosen. In conclusion, let me add that this post is more the "exception than the rule," for those in the north, among the mining districts, give plenty of scope for much of the nurses' attention and skill. I feel sure that from a professional point of view they would prove more interesting, for one finds real work and labor rather in the world of suffering humanity than in the midst of nature's greatest beauties.

H. E. G.,  
Queen's Nurse, Derbyshire.

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LEAGUE OF ST. BARTHOLOMEW'S HOSPITAL NURSES,  
35 BROOK STREET, GROSVENOR SQUARE, LONDON, W.,  
February 18, 1902.

DEAR MISS DOCK: The members of the Executive Committee wish me to say how much they appreciate the most kind and generous hospitality shown to Miss Waind on the occasion of her visit to Buffalo as the representative of the League at the Nursing Congress. Please convey to your committee this expression of their thanks, and also their hearty congratulations and compliments upon the wonderful organization and success of the Congress. Believe me,

Very sincerely yours,

E. SPENCER,  
Honorary Secretary.

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THE MATRONS' COUNCIL OF GREAT BRITAIN AND IRELAND

DEAR MISS BANFIELD: At the recent meeting of the Matrons' Council the following resolution was unanimously passed, and I was asked to send a copy of it to you as secretary of the International Nurses' Congress:

"That the Matrons' Council of Great Britain and Ireland desires to convey to the Organizing Committee of the International Congress of Nurses its cordial thanks for the kindness and hospitality extended to its delegate, Miss Mollett, and to congratulate it on the complete success of the Congress, the result of which must certainly be to give a world-wide impetus to the coöperation and efficiency of trained nurses.

"Yours very sincerely,

(Signed)

"MARGARET BREAY,

"Honorary Secretary-Treasurer."



# CHANGES IN THE ARMY NURSE CORPS



## CHANGES IN THE ARMY NURSE CORPS RECORDED IN THE SURGEON-GENERAL'S OFFICE FOR THE MONTH ENDING MARCH 6, 1902.

ARMSTRONG, GRACE, transferred from Military Hospital, Iloilo, P. I., to duty on Hancock en route to the United States. Arrived in San Francisco February 26 and assigned to temporary duty at the General Hospital, Presidio.

Barnes, Susan H., transferred from the Military Hospital, Iloilo, P. I., to duty at the First Reserve Hospital, Manila.

Brown, Mrs. Jessie M., transferred from the Military Hospital, Vigan, to temporary duty at Candon, P. I.

Dalglish, Elspeth, formerly on duty at the Military Hospital, Vigan, P. I., discharged in Manila.

Deeley, Julia J., transferred from the First Reserve Hospital, Manila, P. I., to duty on Meade en route to the United States. Arrived in San Francisco February 17 and assigned to temporary duty at the General Hospital, Presidio.

Hanbury, Anna A., recently arrived in the Philippines and assigned to duty at the First Reserve Hospital, Manila.

Harrison, Mary A., formerly on duty at Santa Mesa and First Reserve Hospitals, Manila, P. I., discharged in Manila.

Kennedy, Emma L., transferred from the First Reserve Hospital, Manila, to the Base Hospital, Calamba, P. I.

Lasswell, Ida H., transferred from the Convalescent Hospital, Corregidor Island, P. I., to duty on the Meade en route to the United States. Arrived in San Francisco February 17 and assigned temporarily to General Hospital, Presidio.

Linsley, Mrs. Anne Goss, formerly on duty at the General Hospital, Presidio, San Francisco, Cal., discharged.

Lippert, Ida Dora, transferred from the Military Hospital, Calamba, P. I., to duty on Hancock en route to the United States. Arrived in San Francisco February 26 and assigned to temporary duty at the General Hospital, Presidio.

Locke, Mrs. Bessie R., formerly on duty at the Military Hospital, Iloilo, and the First Reserve Hospital, Manila, P. I., discharged.

Mann, Mrs. Emilyn P., sailed from San Francisco February 8 on the transport Grant to return to duty in the Philippines.

Rice, Margaret Van Schaick, formerly on duty at the Santa Mesa and First Reserve Hospitals, Manila, arrived in San Francisco February 26 for discharge.

Richmond, Edith L., transferred from duty at the First Reserve Hospital, Manila, P. I., to the transport Meade en route to the United States. Arrived in San Francisco February 17 and assigned to temporary duty at the General Hospital, Presidio.

Richmond, Vena E., transferred from the First Reserve Hospital, Manila, P. I., to duty on the Meade en route to the United States. Arrived in San Francisco February 17 and assigned temporarily to the General Hospital, Presidio.



REGULATIONS GOVERNING THE ARMY NURSE CORPS, U.S.A., ADOPTED  
AUGUST 22, 1901

GENERAL ORDERS, No. 113.

By direction of the Acting Secretary of War, the following regulations governing the Army Nurse Corps are published for the information and guidance of all concerned:

1. Section 19 of the act "To increase the efficiency of the permanent military establishment of the United States," approved February 2, 1901, provides as follows:

"SEC. 19. That the Nurse Corps (female) shall consist of one superintendent, to be appointed by the Secretary of War, who shall be a graduate of a hospital training-school having a course of instruction of not less than two years, whose term of office may be terminated at his discretion, whose compensation shall be one thousand eight hundred dollars per annum, and of as many chief nurses, nurses, and reserve nurses as may be needed. Reserve nurses may be assigned to active duty when the emergency of the service demands, but shall receive no compensation except when on such duty: *Provided*, That all nurses in the Nurse Corps shall be appointed or removed by the Surgeon-General, with the approval of the Secretary of War; that they shall be graduates of hospital training-schools, and shall have passed a satisfactory professional, moral, mental, and physical examination: *And provided*, That the superintendent and nurses shall receive transportation and necessary expenses when travelling under orders; that the pay and allowances of nurses, and of reserve nurses, when on active service, shall be forty dollars per month when on duty in the United States and fifty dollars per month when without the limits of the United States. They shall be entitled to quarters, subsistence, and medical attendance during illness, and they may be granted leaves of absence for thirty days, with pay, for each calendar year; and, when serving as chief nurses, their pay may be increased by authority of the Secretary of War, such increase not to exceed twenty-five dollars per month. Payments to the Nurse Corps shall be made by the Pay Department."

DUTIES OF SUPERINTENDENTS AND NURSES.

2. The superintendent of the Army Nurse Corps, under the direction of the Surgeon-General of the army, will have general supervision of the corps, and her duties and the duties of the chief nurse and nurses shall be as prescribed by the Surgeon-General.

APPLICATIONS FOR APPOINTMENT—QUALIFICATIONS.

3. Applications for appointment in the Army Nurse Corps should be made to the Surgeon-General, and before being placed on the eligible list the applicant must pass the prescribed examinations, as follows:

(a) *Physical Qualifications*.—A statement of her physical condition will be filled out in her own handwriting and sworn to before a notary public. She will also submit a certificate of health from at least one reputable physician personally acquainted with the applicant. Blanks for these purposes will be furnished by the Surgeon-General.

(b) *Moral and Professional Qualifications*.—The date of her graduation, the moral character of the applicant, and her professional qualifications during her period of training and at date of graduation, and so far as known at the time



of application, will be certified by the superintendent of nurses at the hospital from which she graduated. If she was trained under a former superintendent of nurses the indorsement of the latter is also desirable. Applicants must have graduated from a training-school for nurses which gives a thorough professional education, both theoretical and practical, and which requires two years' residence in an acceptable hospital.

(c) *Mental Examination*.—Applicants will be required to answer in writing certain practical questions prepared by the Surgeon-General.

(d) Approved candidates will be placed on the eligible list for appointment as their services may be required.

(e) An applicant will not be placed on the eligible list unless she agrees to serve in the army for at least three years.

#### APPOINTMENT AND DISCHARGE.

4. The appointments and discharges of nurses shall be made by the Surgeon-General subject to approval of the Secretary of War.

(a) Nurses may be discharged from the service (1) at any time when their services are no longer needed, (2) at their own request, supported by good and sufficient reasons, and (3) for misconduct. Recommendations for the discharge of a nurse on account of misconduct will be submitted to the Surgeon-General, with a report of the facts after careful investigation, of which she shall have due notice and at which she shall be given a fair opportunity to be heard in her own defence.

(b) The following form will be used in making appointments of nurses to the Army Nurse Corps:

" ARMY NURSE CORPS,  
" WAR DEPARTMENT,  
" SURGEON-GENERAL'S OFFICE,  
" Washington,....., 190...

" With the approval of the Secretary of War,.....  
is hereby appointed.....in the Nurse Corps (female)  
under the act of Congress approved February 2, 1901, to date from.....  
....., 190.., and will enter upon her duties after taking the oath  
prescribed by section 1757 of the Revised Statutes of the United States.

" .....  
" Surgeon-General, U. S. Army."

(c) Upon honorable discharge from service the following indorsement will be placed on the appointment of the nurse:

" ..... , 190...

" With the approval of the Secretary of War, honorably discharged from  
the Army Nurse Corps, ..... , 190...

" ..... , U. S. Army."

The authority directing her discharge will be quoted.

#### ASSIGNMENTS AND DUTIES.

5. Army nurses will be assigned to duty at military hospitals under the direction of the Surgeon-General of the Army. At hospitals where there are two or more nurses serving one will be assigned to duty as chief. Nurses ap-



pointed will be required to serve wherever their services may be needed at home or abroad.

(a) The tour of duty without the limits of the United States will usually be at least two years.

(b) Nurses cannot leave their stations except under orders or when granted a leave of absence.

(c) Nurses travelling under orders on transports will assist in the care of officers or enlisted men in need of their services when requested to do so by the attending surgeon.

(d) The families of officers are not entitled to the services of army nurses except as provided in paragraph 11 (e).

(e) A nurse will not receive presents from patients nor from the relatives or friends of patients.

(f) After appointment, unless otherwise ordered by the Surgeon-General, a nurse will serve for at least three months in the United States, during which period she will be given special instruction in army nursing.

(g) When female nurses are required for service at a hospital the surgeon in charge will make application to the Surgeon-General, through the chief surgeon, for as many as may be needed, stating the circumstances and the necessities of the case.

(h) Should there be a surplus of nurses at any hospital the officer in charge will immediately report the fact to the chief surgeon, who will forward the report to the Surgeon-General and ask for instructions. In the Division of the Philippines the chief surgeon will order surplus nurses to the United States, and direct them to report *immediately on arrival* in the States to the chief surgeon of the department, who will place them on temporary duty and request instructions from the Surgeon-General.

(i) When a nurse is directed to proceed to her home for discharge she will be instructed to report immediately on arrival by letter to the Surgeon-General.

(k) Every change in the status of nurses, such as arrival, departure, leaves of absence granted, orders given, death, etc., will be promptly reported to the Surgeon-General through the chief surgeon by the officer in charge, giving Christian names and surnames in each instance. For this purpose information slips may be used.

#### TRANSFERS.

6. Transfers from one division or department to another will not be made, except by authority of the Surgeon-General, but a chief surgeon may transfer nurses, should the exigencies of the service require it, from one hospital to another within his division or department.

(a) Transfers of nurses will be immediately reported to the Surgeon-General, with a full statement of the circumstances in each case and a special efficiency report prepared by the chief nurse.

#### PAY.

7. The pay and allowances of nurses and reserve nurses when on active service shall be forty dollars per month when on duty in the United States and fifty dollars per month when without the limits of the United States.

(a) Chief nurses receive the same allowances as nurses. Their pay is regulated as follows: When assigned to duty as chief nurse at any hospital where two or more nurses are stationed they shall receive, in addition to pay as nurse,



five dollars per month; where five or more nurses are stationed the chief nurse shall receive, in addition to pay as nurse, ten dollars per month; where ten or more nurses are stationed the chief nurse shall receive, in addition to pay as nurse, twenty-five dollars per month. In no case shall a nurse be paid more than seventy-five dollars per month.

(b) Nurses will be paid on monthly pay rolls to be furnished by the Pay Department prepared and properly certified by the officer under whom they may be serving, signed by the nurse, and forwarded either to the chief paymaster of the division or department or presented to the paymaster visiting the post for settlement. All payments to a nurse must be noted on her appointment.

(c) Discharged nurses will be paid on pay rolls prepared by the officer under whom she may be serving at the date of discharge. The pay accounts of nurses ordered home for discharge will be prepared in the Surgeon-General's Office.

(d) When a nurse is under orders to leave her station or is granted a leave of absence the officer in charge of the hospital will indorse on her appointment the date of her departure, with date and source of order, date of last payment, and name of paymaster by whom paid. The date of return to duty will also be indorsed thereon.

#### TRANSPORTATION.

8. Before starting on a journey at public expense a nurse must receive a written order from proper authority together with a transportation request for her railway ticket and sleeping-car or transport accommodations.

(a) When travelling under orders no delay in starting and no stop-over privileges are allowed.

(b) Nurses travelling under orders will be entitled to transportation, with sleeping-car accommodations by rail and state-rooms on boats, at public expense, under the regulations governing transportation for the army. They will in all cases be entitled to transportation of one hundred and fifty pounds of personal baggage. Transportation will be procured where practicable from officers of the Quartermaster's Department, and in cases where not practicable nurses may pay their own travel fare and include the cost, not to exceed that of first-class limited tickets from initial point to destination without stop-over privileges, in their expense accounts, which must bear certificate that they actually paid the amount as charged and be accompanied by the original or certified copy of orders upon which they were travelling.

(c) A nurse ordered home for discharge from service outside of the United States usually gets transportation to New York or to San Francisco. On arrival in either city she will proceed to the Army Building, where on presentation of her travel order she will be furnished transportation to the point designated as her home, which hereafter must be fixed at the time of appointment.

(d) Travel to and from points beyond the limits of the United States and between island possessions in all cases where practicable will be by army transport.

(e) Transportation will not be furnished for any journey which a nurse may take while on leave of absence.

(f) When travelling under orders from competent authority, where any enforced delay occurs from unavoidable causes a nurse may be allowed one dollar \* per day for lodging at stop-over points en route, to be paid by the Quartermaster's Department.

(g) When expenses are incurred as above an itemized account, in duplicate,

\* Since increased to three dollars.



with date and place of incurrence of each item, will be prepared and attached to Blank No. 13½, Quartermaster's Department, which must be properly filled out, signed by the nurse, and sworn to before a notary. The receipts on the blanks will also be signed by the nurse. When practicable to obtain them duplicate receipts for the items charged will be submitted. When it is impracticable to obtain receipts this fact should be so stated in the affidavit.

#### QUARTERS.

9. Nurses will be furnished quarters according to the accommodations available at each hospital, and where there are several nurses one room or wall tent will be provided as a common sitting-room.

(a) Sheets, towels, pillow-cases, table-linen, and other washable articles will be furnished by the hospital for the nurses' use, to be washed as part of the hospital laundry.

#### SUBSISTENCE.

10. A nurse will receive one ration in kind per day, and when stationed on duty at places where rations cannot be furnished she will receive commutation of rations at seventy-five cents per day.

(a) When on leave of absence with pay a nurse will receive commutation of rations at twenty-five cents per day.

(b) When travelling under orders from competent authority a nurse will be allowed commutation of rations at the rate of one dollar and fifty cents per day. On Government transports nurses will be provided with meals free of charge.

#### LEAVE OF ABSENCE.

11. The total duration of leave of absence with pay granted a nurse shall not exceed thirty days for each calendar year.

(a) An additional leave without pay or allowances not to exceed one month may be granted when the service will permit.

(b) The commanding officer of a general hospital, or officer in charge of a hospital, may grant a leave of absence to a nurse when it can be done without detriment to the service. No leave of absence will be granted unless requested by the nurse in writing. The original paper granting the leave will be given to the nurse and the facts reported to the Surgeon-General.

(c) Nurses on foreign service cannot be granted leave "to take effect after arrival in the United States," but nurses assigned to transport duty may be granted leave after reaching port.

(d) A nurse on leave of absence in the United States will report in writing to the Surgeon-General at least one week prior to the expiration of said leave.

(e) At places where the services of trained nurses are not otherwise obtainable a nurse may, if she so desires, and with the approval of the officer in charge of the hospital, be granted a special leave without pay or allowances in order to take a private case, such leaves not to exceed sixty days.

(f) An extension of leave of absence may be granted by the officer granting the original leave or by the Surgeon-General, provided that leave with pay shall not exceed thirty days for each year.

#### ILLNESS.

12. A nurse is entitled to receive medical attendance from an army surgeon and medicines when ill. This will be provided for at the hospital where she may



be serving, but when it is reported as desirable the Surgeon-General, or chief surgeon within his department, may give orders for a nurse's transfer to and treatment in some other army hospital. Bills contracted by a nurse for medical attendance cannot be allowed, nor will extra leave of absence with pay be granted because of illness.

(a) A nurse will not be discharged for disability contracted in line of duty until after reasonable time has been allowed for treatment unless the case requires immediate action and at her request. Full reports in all cases of nurses under treatment in hospital should be promptly forwarded to the Surgeon-General for his information.

#### CHIEF NURSE.

13. The chief nurse will render efficiency reports of the nurses serving under her on the first days of March, June, September, and December of each year. A special report will be made also when the chief nurse is about to be relieved from duty at a hospital. Special efficiency reports of an individual nurse will be made whenever she is ordered away from the hospital. Only matters which relate *exclusively to the efficiency* of the nurses will appear on these reports. Blanks for efficiency reports will be furnished by the Surgeon-General.

(a) Nurses who prove themselves possessed of marked executive ability, good judgment, and tact may be recommended for promotion at the discretion of the commanding officer and the chief nurse.

(b) When a vacancy occurs in the grade of chief nurse the Surgeon-General (or if in the Division of the Philippines the chief surgeon) will assign an eligible nurse to that duty. All assignments or reductions, with the reasons therefor, in the Division of the Philippines will be promptly reported to the Surgeon-General.

(c) When required by climatic conditions the chief nurse may, with the approval of the officer in charge of the hospital, substitute the eight-hour day for the usual ten or twelve hours of ward duty.

(d) If a hospital is large enough to require it, one or more nurses may be assigned to duty as assistants to the chief nurse without extra pay.

#### REPORTS AND RETURNS.

14. On the last day of each month the officer in charge of a hospital will forward a return of female nurses to the Surgeon-General through the chief surgeon on blank form furnished by the Surgeon-General. On this should be noted all the changes, with dates, which have taken place in the status of the nurses since the last report. These returns should be carefully prepared, and furnish *full* information of the actual status of the nurses, including leaves of absence.

(a) The officer in charge of a hospital will forward to the Surgeon-General through the chief surgeon the quarterly and special efficiency reports prepared by the chief nurse, stating whether or not he concurs in the grading reported by her. He will also indorse thereon his report of the efficiency of the chief nurse, specifying in detail the character of the services rendered by her. (*See paragraph 13.*)

#### UNIFORM.

15. The uniform of the Army Nurse Corps will consist of a waist and skirt of suitable white material, adjustable white cuffs, bishop collar, white apron and cap according to patterns and specifications in the Surgeon-General's office.



(a) A nurse provides for the laundry of her uniform.

(b) The badge of the corps is the cross of the Medical Department in green enamel with gilt edge. This is pinned on the left side of the collar of the uniform or on a corresponding part of her dress when she is not in uniform.

(c) When a nurse is appointed she will be supplied with detailed instructions on this subject and will immediately procure her uniform. It will invariably be worn during her hours of duty.

(d) *Nurses not in uniform will not be allowed in the wards* without special permission of the chief nurse or officer in charge.

(e) No changes in the prescribed uniform of the Nurse Corps will be made without authority of the Surgeon-General.

#### RESERVE NURSES.

16. A nurse who has served faithfully and satisfactorily for at least six months and received an honorable discharge will be placed on the reserve list.

(a) Each reserve nurse must sign an agreement to enter active service in time of war or national emergency, or whenever she may be needed, and to report by letter to the Surgeon-General on the 1st of January and the 1st of July of each year. Reserve nurses wear the badge of the army nurses, but are not entitled to pay or allowances except when on active service.

(b) When called into active service they will be subject to all established rules and regulations and will receive the pay and allowances of nurses on the active list. They may be granted leave of absence with pay at the rate of two and one-half days per month of active service, not exceeding thirty days during any calendar year.

(c) A nurse will be dropped from the reserve list upon reaching the age of forty-five years, or if she ceases for five years to practise her profession, or if she becomes permanently incapacitated from ill-health, or for other good and sufficient reason. But a nurse shall not be dropped from the reserve list without due notice of the cause for such action and an opportunity to reply to any charges which may be made against her.

By command of Lieutenant-General Miles:

THOMAS WARD,  
Acting Adjutant-General.

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[We feel that all American nurses should be familiar with the regulations governing the Army Nurse Corps, and have given them in full, at the request of a number of our readers.—Ed.]





## LETTERS TO THE EDITOR



[*The Editor is not responsible for opinions expressed in this Department.*]

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DEAR EDITOR: I think it would be very interesting to have through the pages of the JOURNAL letters from private nurses all over the country, giving from their own experience the amount a nurse may expect to earn in a year, with the proportion of income that should be spent for clothing, room, and living expenses. Such information to be of value should come from the nurses in the smaller cities and towns, as well as from those in the great nursing centres.

BOSTON READER.

[We will gladly give space to such letters.—ED.]

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DEAR EDITOR: I have read with interest the letter of Miss Clara D. Noyes in the February issue of THE AMERICAN JOURNAL OF NURSING relative to the insurance bond held by her, and I am of the opinion that she has either been misinformed, or that the policy has not been properly explained to her.

This four per cent. "guaranteed interest bond" was fully explained to me, and I took in preference another form of policy,—first, because the amount at the end of the period was shown to be greater pro rata; secondly, that the amount of deposits yearly were less, and, thirdly, because I could carry more insurance for the same premium payments; for instance, on a four per cent. guaranteed interest bond the guaranteed amount at the end of twenty years is about one thousand two hundred and fifty dollars per thousand. Not one thousand two hundred and fifty dollars *extra*. The one thousand dollars of insurance is guaranteed to be worth one thousand two hundred and fifty dollars at the end of twenty years. And the same guarantee under my contract is one thousand dollars.

The money paid the company under Miss Noyes's contract in the twenty years amounts to thirteen hundred dollars per thousand, and the amount which I pay is nine hundred and eighty dollars. Of course, the surplus or dividends are not added to these figures, but as they are problematical they should not be considered, as future results cannot be foretold.

I am an ardent believer in life-insurance, both from an insurance and investment standpoint. I have been insured a number of years and my policy now has a cash value and a paid-up value that is considerable. It is a protection to my dependents and a source of pleasure to myself—if for no other reason, that were I to stop payments now and take a "paid-up policy" I am certain of a burial fund no matter *where*, or *how*, or *when* I die. And then it helps me to save money.

ROSINE VREELAND,  
36 Howe Avenue, Passaic, N. J.



DEAR EDITOR: Does it not seem strange that the Boston Graduate Nurses have not before this organized a Mutual Benefit Society? Think of the many benefits derived therefrom. Let us consider this matter from a strictly business point of view. First, a nurse is more exposed to disease than those otherwise employed, not only by coming in contact with contagious diseases, etc., but through irregular habits as concerns rest and diet, disarranging her nervous system, and paving the way for dyspepsia. She is also much exposed to cold.

Those who are very successful may say they do not see the necessity of any such organization, they have money enough. Very few persons earning their own living have so much that in sickness, with all its demands, they would not find, say, ten dollars a week helpful; or, taking another view of the matter, let those successful ones display their generosity by joining the association to help other nurses, who may do just as good work but are less fortunate, or who have greater obligations to meet. Such an association would also bring the nurses together and arouse more of a friendly spirit among them. I feel quite safe in stating that if once such an association were started it would prove a success. Who would miss fifty cents a month, and which of us nurses does not spend much more than that on unnecessary or worthless things? Would not some of the readers of *THE AMERICAN JOURNAL OF NURSING* help us out by suggesting someone who would take hold of this matter.

Such a person would find a great many ready to give willing aid who have not confidence or influence enough to start the matter. A whist party would certainly be a good beginning if we could only get together. Perhaps many who read your *JOURNAL* have never been interested in an association of this kind, and do not understand its regulations or the actual benefit derived by members. To assist such persons I will give one formula.

Of course, there would have to be meetings held for the purpose of electing officers and selecting a physician to look after the medical part of the work. Those wishing to join would be required to furnish satisfactory letters from reliable persons, professional or otherwise. They would be charged an initiation fee of about two dollars, besides the regular sum of fifty cents a month. It would be necessary to be a member of the association six months before benefit is derived, then the sum of ten dollars a week would be paid the sick member, providing she is ill enough to need the care of a physician.

When death occurs, the sum of one hundred dollars is usually paid. Sick benefits are not paid longer than thirteen weeks. In case of illness the first thing necessary is to notify the secretary of the society, through whom the physician connected with it will call and give satisfactory report of case.

AGNES M. GAUL,

Graduate Nurse St. Elizabeth's Hospital, Boston.

DEAR EDITOR: In the February Journal, under "Practical Hints," is a description of a typhoid bath-tub which is called "A New Device." In the Samaritan Hospital of Lexington, Ky., a similar bath-tub has been in use for some years, and I feel quite well acquainted with that mode of bathing, as I once had typhoid fever and was given fifty baths in this way. I am unable to say who invented the tub, but it was first used here by Dr. W. O. Bullock, Sr., during an epidemic of typhoid fever in a neighboring village.

M. E. McCANN.

[“There is nothing new under the sun.”—ED.]



DEAR EDITOR: Recently there has come under my observation an entirely new treatment for typhoid fever which is as follows: Poland water, two quarts daily; quinine sulphate, four grains every four hours. Nourishment not allowed under any consideration, as the physician says it ferments, causing gas to generate in the intestinal tract, producing tympanitis. What I mean by nourishment is milk, beef-juice, beef-tea, or predigested food. Although very considerable prostration often occurs in such cases, stimulants are not given until the pulse becomes thready. If the temperature is above 102°, a cold sponge is given every three hours, and cold water in an ice-bag is applied to the head, but not continuously. Nothing is given for constipation, and in case No. 2 there was no defecation for fifteen days, yet nothing was given, and the physician considered this a favorable condition. When the temperature is normal for six days milk gruel is given, two ounces every two hours. This is made by mixing two teaspoonfuls of flour with two cups of water and two cups of milk. This is given for several days and then general diet.

I have seen three cases treated by this method; result, one died and two recovered.

To condense this treatment it narrows down to two quarts of Poland water daily and four grains of quinine sulphate every four hours.

The physician claims that by this treatment the duration of the disease is shortened and the intensity of the symptoms directly arising from profound disturbance in the alimentary canal is lessened. I would like to know very much if any nurse ever saw this treatment used.

A SUBSCRIBER.

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DEAR EDITOR: I wish to say a word about an article in the February JOURNAL, written by a graduate, with regard to the disposal of soiled dressings. The paper bag she speaks of is an excellent way to carry the dressings. But it does not seem to me to be the proper thing to burn such dressings in the kitchen range, especially the muslin squares used for the expectoration of phthisical patients. Here are my reasons: First, the family and cook would be very much disgusted to see such dressings brought into the kitchen at all, especially when we stop to think that meats are broiled and toast made over this same fireplace. Nurses must be very careful of the impressions they make, not only on the family, but also on the help employed there. In the second place, the majority of cooks object to having either paper or rags thrown on a coal fire, as they claim it spoils it. The nurse in question says she burns the dressings when the cook has finished with the fire; she does not say whether it is after she has finished after meal-time or when she has finished in the evening. Why not throw these dressings and muslin squares into the empty furnace for a day or two, and then, by the aid of a few papers or a small bundle of wood, burn them in that way in summer? Some people have laundry stoves, where they could be burned. In the absence of a furnace or laundry stove the dressings could be burned by putting them in an old pan or kettle and burning them in the back yard. Of course, the nurse could not trust anyone else to burn them in the yard in dry, hot weather on account of the danger of fire. The kitchen range should not be used unless it is absolutely necessary, and then only after the cook has finished with the fire and kitchen in the evening. I would be glad to hear from anyone who could offer a better way of disposal.

Dear Editor, I do not know what we would do without the JOURNAL. It is



a great educator for nurses who do private duty. It keeps us in touch with the new things in the profession. A great many of us did not know who the lights of the profession were until we read their papers and names in the JOURNAL. The foreign news is very interesting.

BROOKLYN GRADUATE.

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DEAR EDITOR: Has anyone realized what the new-fashioned long cloak is doing for us?

The hospital nurse in her hours off duty slips it on over her uniform and goes out. On her return she wears that same uniform into the ward.

The surgeon on entering the hospital and before he sees his patients takes off his cloth coat and puts on a linen one. The nurse enters the wards with the dress that has been in the crowded departmental store or the dirty street-car, thus bringing danger in her footsteps.

The life-history of the washing dress we know. From laundry to Nurses' Home, from home to ward, and then again back to laundry, where each time it is thoroughly sterilized, but who knows the life-history of that long, loose-backed garment,—the Raglan, the automobile, or what else may be its name?

Truly our enemies are even those of our own household. Any nurse who really believes in asepsis should carry it out with soul and body, and surely she is not doing this with the latter when she wears her uniform in the public streets.

EMILY MACDONNELL,

Albany Hospital.

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ATHENS, GREECE, January 30, 1902.

DEAR EDITOR: THE AMERICAN JOURNAL OF NURSING is a dear friend of mine out here in Turkey, where so little is said or done about hospital work, medicine, or nursing. It keeps me in close touch with my profession, and I find it very valuable.

Yours truly,

K. G. KLONARE.

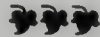
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[LETTERS to the Editor must be accompanied by the name in full and address of the writer, otherwise such communications cannot be recognized. The name need not appear in the JOURNAL unless so desired.—ED.]





## EDITOR'S MISCELLANY



### THE VAN RENSSELAER BUILDING FOR NURSES AT ALBANY

THE Van Rensselaer building, at 2 Delaware Avenue, Albany, N. Y., intended as a head-quarters for trained nurses, was opened for occupancy February 1, 1902. There has long been a need in Albany for some centrally located place where nurses could be communicated with at short notice.

Although Albany's acquaintance with the trained nurse can almost be said to have begun with the organizing of the Training-School for Nurses in connection with the Albany City Hospital in 1896, there is no place where she is more valued at this time, and the demand for her service is constantly growing. As Albany has the only large training-school in this part of the State, there are many calls for nurses from the adjoining towns, and to meet the increasing demand a second training-school has recently been started at St. Peter's Hospital.

Another feature in the development of trained nursing in Albany has been the Albany Guild for the care of the Sick Poor that in 1889 established a system of district nursing, which now employs four trained nurses and a staff of assistants. Impetus was given to the profession and its interests by the first meeting of the New York State Association of Nurses, held in Albany in April, 1901, to plan for legislation by which to gain a higher standard for the nursing profession of the State. At this meeting the association of Graduate Nurses of Northern New York, organized in Albany a short time before, was represented.

This summarizes the development of trained nursing in Albany, from which a head-quarters for nurses has been the outgrowth.

The Van Rensselaer Building was the project of Dr. Howard Van Rensselaer, who, on land owned by him and facing Dana Park, erected a handsome, modern, fully-equipped apartment-house especially designed for the accommodation of nurses. It is a four-story house built of limestone and brick, patterned in Flemish bond. The ground floor is devoted to stores, the remaining three stories to apartments, there being two suits of rooms on each floor, which in turn can be separated into single rooms or used coöperatively by a group of nurses. Each suite of rooms has a kitchen with stationary tubs, gas range, and a piazza in the rear; there are also chutes leading into the cellar for garbage, etc. An instantaneous gas water-heater provides water for the bathroom. Each sleeping-room has ample closet space. The building is heated by hot water throughout. Each room has at least one large window facing on an avenue. The floors and woodwork throughout are of hard wood. There is a central stairway, air-shaft, and freight elevator, and a storage-room for each suite in the cellar.

This building is located on almost the highest ground in the city, with fine views from the upper windows; and in the summer the roof can be converted into a roof-garden, from which glimpses may be had of the Hudson River, the Helderbergs, Berkshires, and Catskills, and lovely sunsets viewed. The Albany Guild nurses occupy the fourth floor. Already a number of the other rooms have been taken by nurses, and no doubt, had the building been finished at a more seasonable time, all of the rooms would have been readily rented, and after May 1 the building will unquestionably be filled. One of the stores has been



rented as a bakery, where, in addition to the articles usually sold, there are on sale tea, coffee, milk, eggs, porridge, hot baked beans, etc., in case tenants do not wish to cook breakfast or supper. The Van Rensselaer is convenient to the city hospitals and to the other city institutions, with street-car connections with all parts of the city. A registry for the nurses is hoped for in the near future for the mutual convenience of doctors and nurses, and a telephone with an attendant.

FLORENCE E. POOLE.

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#### WORK AMONG THE WOMEN OF ITALY

AN attempt to train Italian women for positions as nurses has been made at Florence, where Miss Baxter, a graduate of the Johns Hopkins Hospital at Baltimore, and Miss Turton, an English trained nurse, have opened a "Casa di Cura." As its name implies, this is, first of all, a small hospital, a necessary adjunct in any training-school for nurses. In the double work of this institution the laws of right living will receive an emphasis as yet inadequately conveyed in Italy. Another attempt has been made at Turin, the capital of Piedmont, where at the Protestant hospital the Waldensians have just established a training-school for nurses and deaconesses.—*Public Opinion*, January 2, 1902.

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#### A TOUCHING STORY OF QUEEN VICTORIA

AT the opening meeting of the Gordon League, Mr. Harold Boulton, who narrated the history of the establishment and progress of the Queen Victoria Jubilee Institute for Nurses, said that the late Queen a very short while before her death visited a military hospital and asked one man who had been terribly mutilated in a South African battle if there were anything she could do for him. "Only to thank the nurse," was the soldier's faint answer, and the Queen gravely laid her hand on the Victoria nurse's shoulder and said, "I thank you, my daughter, for your goodness to my son."—*The Hospital*.

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#### CARDINAL GIBBONS'S OPINION OF NURSES

IN his address to the first graduating class of the Baltimore City Training-School for Nurses, which is under the auspices of the Sisters of Mercy, Cardinal Gibbons said:

"My dear young ladies of the Training-School, you have adopted a career the most honorable and useful any young woman could select. You put to shame those fashionable women who are daily worshipping at the shrine of idleness and pleasure. It is true you cannot, like our blessed Redeemer, work miracles by giving sight to the blind or strength to the paralyzed limb, but you can work miracles of grace and mercy by relieving the suffering of your fellow-beings, and never do you perform an act more pleasing to God than when you alleviate the corporeal affliction of a fellow-creature."





# EDITORIAL COMMENT



## LEGISLATIVE PROCEDURE

It is much to be hoped that the attitude of New York State Nurses will be calm and deliberate when the time comes to consider legislation. We think that the steps to be taken should be as follows: first, a committee should be appointed by the society to frame the outline of desirable legislation, and this outline should be submitted to the society for its endorsement; second, the best legal advice should be secured to put it into proper shape; third, it should be submitted to the State Regents, who are in charge of all education in New York State, for their advice and approbation, and, fourth, it should be laid before medical societies for their support. Finally, all the enlightened organized opinion in the State—women's clubs, educational bodies, etc.—should be appealed to for their moral support and definite practical aid, and the bill should then go to the Legislature in charge of some prominent and weighty persons.

To complete the by-laws and elect officers for the year is the work before the New York State Nurses at the annual meeting to be held in Albany, April 15.

For practical results comprehensive working rules are necessary; for successful legislation calm, judicious leadership is essential. The question at issue in legislation is not the welfare of the nurse as an individual, but the progress of the profession as a whole; in other words, the greatest good to the greatest number, the lines to be fixed and the decisions to be made by the vote of the majority after full, free, and open discussion.

In every new field of organized work mistakes are made, which have to be corrected as the years go on. The nurses of to-day are making history, and the result of their work will influence the status of nurses during the century. Far better to move slowly, deliberate carefully, eliminate the personal equation, and work so in unison that the result will be like the effort of one great mind.

The New Jersey nurses have organized on individual lines, but in that State the existing local organizations are comparatively few, and the personal basis is the only one upon which the nurses could be brought together. It will be interesting to watch the practical results of the work of these two societies. Both forms are experimental, and each would seem to possess for its own State equal chances for success or failure.

The Illinois State Nurses seem to be making little progress, but they are wise in giving the question of "eligibility" very careful consideration. Better to postpone action towards legislation for years, rather than attempt it and fail because of incomplete organization.

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## THE STATE CONTROL OF TRAINED NURSES

THE *Philadelphia Medical Journal*, under date of March 15, comments editorially on State Registration for Nurses, and the subject is dealt with so clearly and to the point that we quote the article in full, feeling sure our readers will appreciate this medical opinion on a subject of such vital importance to the profession at this time. We may rightly infer that when we are ready for legislation we may depend upon the coöperation of the medical profession:



“Trained nursing is a profession, not a trade, because it involves the intelligent application of certain general principles rather than mere manual dexterity acquired by constant repetition. This will sound trite, and yet it is a necessary introduction to what we wish to say on the subject; and that is, that trained nursing is now passing through a crisis such as affects all professions at some time, whatsoever they may be. The crisis is that for purposes of profit or from motives of economy various persons and institutions are taking advantage of the desire of women to enter by easy routes a hitherto honorable calling, and thus causing a double injury: first, in providing a considerable number of unqualified persons with diplomas as trained nurses, and, second, in so increasing the supply of nurses that the profession—just as has happened to the medical profession—is becoming cheapened in the eyes of the public. One of the subsidiary results of this is that many women are applying for instruction in trained nursing whose natural qualifications are inadequate to the task; and already the cry is heard from various training-schools that a better quality of women for nurses is needed; that it is difficult to obtain enough for the needs of the hospitals from the candidates who apply for admission to the schools. Whether democracy has been a failure or not is a question that may be difficult to answer. Whether under a minimum of government small communities may obtain their highest intellectual and moral development is still an unsolved problem. It is certain, however, that in large communities much government is required, for the unscrupulous are ever willing to sacrifice the good of the community—often even their own good—for some temporary supposed advantage, or even for the pleasure of holding back a rival.

“We have found it necessary to establish a State Medical Board, which, imperfect as it is, has nevertheless subserved a most useful purpose. We have found it necessary to prescribe a minimum term of medical instruction, because men who could perhaps in a short time acquire enough information to pass the examination of the State Board would not be sufficiently familiar with disease, as such, to render them qualified to practise medicine, and this also has proved good. The question now arises whether, in view of the methods by which many so-called trained nurses are educated and let loose upon an unguarded public, the State should not intervene, and at least limit an abuse which is dangerous to the sick, and an injustice to women who have conscientiously prepared themselves for their chosen calling. We do not attempt to criticise a certain so-called college of nurses which is permitted to ply its trade in a building whose character, we should suppose, would render it unavailable for such a class of tenants; where, in a few weeks, a woman is given her diploma as a trained nurse without any practical, and with the most paltry theoretical, preparation. This is an abuse so glaring that it can almost be allowed to right itself. It is not exactly the same with small special hospitals, which from motives of economy have organized training-schools,—hospitals, for example, devoted exclusively to obstetrics, exclusively to children’s diseases, exclusively, even, to surgery. In none of these can a woman be supposed to acquire that well-rounded training, that familiarity with the needs of the sick-room, which can be attained only in the large general hospital. Moreover, by establishing training-schools under the leadership of one or two trained nurses, positions which might be filled by graduates of other hospitals are filled by student nurses, thus contributing to the overcrowding which is now so obvious. Moreover, the number of positions for student nurses is becoming so great that in order to obtain an adequate supply various hospitals are compelled—even the best of them—to accept women



who on account of physical or other defects would otherwise have been rejected. We believe, therefore, that at the present day the most satisfactory solution of this question is to be found in some State regulation of trained nurses. This regulation should involve three things: first, a minimum period of service as student nurses; second, a minimum degree of qualification on the part of the hospital that attempts to organize a training-school, and the rigid exclusion of all special hospitals from the privilege of having a training-school; third, a general examination of all candidates for diplomas before a State Board. The question is one which needs deep consideration. We hope it will be agitated before the next session of the Legislature."

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#### A PIONEER EFFORT

A PLEASANT little bit of early nursing history was learned by our delegates to the triennial in Washington. Among the officers of the Council of Women was Mrs. Kate Waller Barrett, distinguished for her beautiful and Madonna-like expression and for her sweet dignity. It seems that about thirteen years ago Mrs. Barrett lived in Atlanta, and was the wife of the dean of the most prominent Episcopal church. She and her husband were deeply interested in the educational development of the South, and she was especially convinced that it was the field for women in nursing and medicine. Everyone knows the conservatism of the South at that time, and Mrs. Barrett felt that unless someone "broke the ice" young gentlewomen would not dare to take so unheard-of a step. She therefore determined to set the example, and, although the mother of five children, she put aside for a time her social claims, and for three years studied nursing in the little hospital (though there was no training-school as we know them) and medicine in the co-educational medical school which had been established. She realized then that the time was not ripe for medical co-education in the South. Had it not been for her position and personal prestige she would have found it an impossible position. Consequently, after her work was done a medical school for women only was established. These medical schools have long since ceased to exist, but we cannot doubt the impetus given to economic independence for women by this altruistic achievement of Mrs. Barrett.

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#### SUFFRAGE

OF all the representatives of women's interests to be met at the National Council, those who stood for suffrage were the most striking. In them was shown the best balance of qualities of heart and head. They were the strongest and the most simple, their intelligence more orderly and rational, their fundamental basis of justice more elementary and logical, than others'. They were also the best parliamentarians and most business-like. Most interesting and instructive it was to talk with the women from the Western enfranchised States. They told us that their women took an intelligent and steady interest in politics. With them the *moral* character of a candidate for office was always given the closest scrutiny, and an immoral man could hardly win an election. Asked about the effect of the votes of prostitutes (it being so often argued that the votes of bad women will counteract those of the good), we were told that the reverse is the case—that this element is disinclined to vote, and that it is even with difficulty they are bribed to go to the polls.



## THE NON-PAY SYSTEM

THERE is a point in the discussion of the non-pay system which those arguing in its favor seem to lose sight of in comparing the education of a nurse with that of any other profession, and that is in the amount of hard manual labor which most of the schools require the nurse to perform for the hospital.

In the great majority of training-schools nurses are working in the wards from ten to twelve hours per day; lectures and classes are more a matter of accident than of regular routine, and such instruction, when given at all, is taken from the time which should properly be spent by the nurse in rest, recreation, or sleep.

While these conditions prevail so largely, it seems hardly fair to compare the methods of the education of the nurse with those of any other profession.

In a school giving eight hours of practical work in the wards, with a carefully systematized course of theoretical instruction, the non-pay plan seems perfectly just; but we should bear in mind that even to-day, with all of our boasted progress, there are great numbers of hospitals where the training-school exists because it is the cheapest service the hospital can obtain, and systematic instruction is not regarded as an essential part of the obligation due the pupil. The universal adoption of the non-pay system opens the way for still greater injustice on the part of such schools, and we think the endorsement by the profession of a general plan of this kind should be given carefully. A few hospitals, with the Johns Hopkins leading, have introduced the eight-hour plan, with no pay and an educational basis. Many will follow on these lines. It is unquestionably the ideal method of the future, but we do not hesitate to say that the vast majority of the training-schools to-day are not ready for it.

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## NURSING INSTITUTES

ALL of the facilities for establishing a nursing institute are to be found in the Mechanics' Institute of Rochester, N. Y., and in the new technical school for women, lately established in Boston, to be called Simmons College, it is proposed to have a department devoted to the preliminary training of nurses. The superintendents of the leading hospitals in both these cities are interesting themselves in the movement, and we shall give an account of the progress made in our next number.

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THE programme of the annual meeting of the Trained Nurses' Associated Alumnæ of the United States, to be held in Chicago, May 1, 2, 3, is given on another page, and is suggestive of a very interesting occasion. The president, Miss Annie Damer, of Buffalo, is an able executive officer, and Chicago is not only an important nursing centre, but is one of the most attractive cities in the country to visit. We predict a very good time to all who are able to be present.

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## THE JOURNAL CONTENTS

IN the near future we shall give, in addition to the papers already announced, a series of articles on changes in methods of teaching in training-school work by Miss Nutting, of the Johns Hopkins; Dr. Richard Cabot, of the Massachusetts General; Dr. Alfred Worcester, of Waltham, and Miss H. McMillan, of the Lakeside Hospital, Cleveland. These papers will be of especial value to



workers in these lines, but the subject is one of interest to all of our readers, as showing the trend of progress in the education of the nurse.

Two papers on invalid life in the Adirondacks and in Colorado, written by nurses who are themselves under treatment for tuberculosis, will give a most practical side of the life in such resorts, showing also the cost of treatment, and giving just the kind of information that a nurse should have at her command as she goes about the world where people so frequently ask for advice in such matters.

A paper (illustrated) on "Child Saving in Baltimore," by Miss Annie E. Rutherford, a Johns Hopkins graduate, who is working in that field; a series of papers on "Alumnæ Periodicals," showing the influence of the local journals on the alumnæ association; a series of papers on "Hygiene of the Household," by Miss Eveleen Harrison, the first of which is given in the present number. Miss Harrison is a graduate of the Post-Graduate Hospital School of New York City, and has written a book on home nursing, of which mention has already been made in this JOURNAL.

Miss Linda Richards will give an account of her experiences in English hospitals in 1876-77.

Mrs. Ellen M. Richards, of the Institute of Technology, Boston, has promised a paper on the food question in large institutions.

Miss Dickinson, one of the head sisters of the London Hospital, England, will contribute a paper on the "Finsen Light Treatment."

Mrs. Alice P. Norton, of the University of Chicago, will later contribute a series of papers on interesting domestic science subjects.

The papers read by Mrs. Nutting and Miss Richards at the National Council of Women in Washington, recently, with the papers and reports from the Alumnæ meeting to be held in Chicago in May and from the Superintendents' meeting in Detroit in September.

Our pages will be well filled during the remaining half of the year, and as the subscription list grows steadily larger, we may safely say that our magazine has passed the experimental stage and stands as an assured success in the journalistic world.





# THE AMERICAN JOURNAL OF NURSING

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## THE NURSES' SETTLEMENT IN NEW YORK\*

BY LILLIAN D. WALD

Graduate of the New York Hospital and Founder of the Nurses' Settlement,  
New York

ABOUT eight years ago tenement-house life in its most pitiable aspect was presented to me. I had been giving a course of lessons in home nursing to a group of proletariats from the older world,—people who find a renewal of hope in New York, if not for themselves, at least for their children. One morning one of the women of the class was not present, and her little daughter came to ask me to call upon her mother, as she was ill. Despite my experience in a large metropolitan hospital, and the subsequent knowledge gained through a year's residence in a reformatory and asylum for the waifs of New York, the exposure of that rear tenement in the lower East Side was a most terrible shock,—a shock that was at first benumbing. A picture was presented of human creatures, moral, and, in so far as their opportunities allowed them, decent members of society, in rooms reached through a court that held open closets to be used by men and women, from some of which the doors had been torn away; up dirty steps into a sick-room where there was no window, the one opening leading into a small, crowded room where husband, children, and boarders were gathered together,—impossible conditions under which to attempt to establish a home and bring up children.

Upon further acquaintance with the house and neighborhood I learned that kindly intention from the outside had not been wholly absent. The visitor from a medical dispensary had called, and, touched by the poverty of the place, had sent a bottle of beef extract with directions for use printed upon it, but there was no one in the house who

\* Read at the International Congress of Nurses, Buffalo.



could read English. Other charitable persons had sent coal; but my nurse's instinct revolted at the knowledge that nobody had washed the woman, made her bed, or performed any of the offices that every human creature should feel entitled to in like condition. I will not take time now to describe all of the circumstances, nor my reflections on the responsibilities of the community, as they appeared to me, to this one family; to me personally it was a call to live near such conditions; to use what power an individual may possess as a citizen to help them, and to give to all of my world, wherever it might be, such information as I could regarding conditions that seemed to be generally unknown.

To a friend the plan was revealed: "Let us two nurses move into that neighborhood; let us give our services as nurses, and let us contribute our sense of citizenship to what seems an alien community in a so-called democratic country." Having formulated some necessary details of the plan, we proceeded to look for suitable quarters, and in the search discovered the "settlement." In the stress of hospital training neither of us had learned that men and women, moved by some personal experience or by theoretical training, had arrived at the same impulse to action and had established themselves in the crowded quarters of cities and called themselves "settlement workers." The idea was identical with our own, and though many activities have grown from that idea, the fundamental principle remains: that people shall take up their residence in industrial communities, giving what they may have of public spirit, and partaking of the life about them; preserving their identity as individuals and endeavoring to keep the settlement free from the institutional form of philanthropic work.

For the first two months of our experiment we two nurses lived at the College Settlement. After that the top floor of a tenement that gave reasonable comfort was our home for two years, and that was practically the beginning of the present association of workers known as the "Nurses' Settlement." The life possible through making our home among the people in a simple, informal way led us easily and naturally into all the questions that affected them.

Through our visits to the children and our interest in their general welfare we learned of the unsatisfactory school conditions, and of the absurdity of a compulsory school law when there was not adequate school accommodation for the children. Such knowledge as came to our notice, such effective protest as would illustrate the conditions of our neighborhood, was brought before a suitable public, individuals, or societies especially concerned whenever occasion could be found or made.

The women on the lower floors in the tenement where we lived were employed in the needle trades, and unbearable treatment at the hands of





AN EAST-SIDE STREET







a foreman had moved them and their fellow-workers to agitate for trade organization. In the search for some one of their own sex who could speak for them in what they called "better English" they came to us, and that was our first introduction to the protest of the workers which is expressed in Trades-Unionism.

A semi-official recognition by the Board of Health gave us the privilege of inspection of the tenements, and valuable information was thus stored up on the housing problem. The experience thus gained had its share of influence in the general education of the public which later led to the Tenement-House Exhibit; to the appointment of a Tenement-House Commission under Governor Roosevelt, and the final creation of a separate department for the city of New York. One of the members of the settlement took active part in the movement, and was one of the two women on the jury of awards for plans for model tenement-houses. Through her efforts to obtain a legacy that had been bequeathed for a fountain somewhere in the city, the Schiff fountain was erected in the neighborhood of the settlement, and was the strong influence in having an adjacent site selected for a park and public playground, to make place for which no more congested and unsightly rookeries could have been demolished.

The movement for public playgrounds is now well known. They have been valiantly fought for and their need wonderfully told by Mr. Jacob A. Riis, that best friend of, and most lovable fighter for, the children of the poor. His efforts have been assisted by the Nurses' Settlement for years.

To meet the rightful demand of the children for play, we conducted in our back yards one of the first playgrounds in the city. It was an experimental station, in a way, as well as an enlightenment of the general public, and was instrumental in helping to develop public feeling in the matter. After a time the interests of the residents of the settlement were directed to the "Out-Door Recreation League," share being taken in its executive work, and coöperation given to Mr. Charles B. Stover, the apostle of New York of out-door play places for the children of crowded districts.

The workers of the settlement can look with gratification upon the increasing interest in public-school matters affecting their neighborhood as in part the result of their efforts to bring public attention to the lack of room for the children in the schools, and in other ways to bring the interests of their localities directly to the School Boards. One of the household was for a time a school inspector, but whether in official relationship or not, the members have been frequently consulted by those in authority on the Board of Education.



I have passed over the steps of growth of the settlement, and to understand how it has attained its present status I should go back to that first beginning in the tenement, when it was apparent that not only were the nurses' services needed for the sick, but that, likewise, their friendly offices were needed as interpreters for bringing to the proper sources the larger and more general matters that affected the life of the people they were in contact with.

Mr. Jacob H. Schiff, who from the very beginning had made us feel his support, encouragement, and confidence, suggested the change from the tenement quarters to a house, arguing that a more permanent basis would be established for these personal services if it were made possible for others to join us. The desire of others to coöperate with us had been for some time apparent, and therefore this most generous and public-spirited citizen's offer was accepted. A house near the tenements, once the property of the fashionable and well-to-do who had inhabited Henry Street half a century earlier, was purchased by him. Necessary changes were made in it, and almost immediately the house was filled with residents and the nursing was extended. The clubs and social features of the house then began to assume organized form.

The next year another house was given for the use of the settlement by a new member, a laywoman, who came into residence, fitted up the second house, and contributed the means to carry it on, and who has taken charge of much of the social work among the young people. Not long after that offers of money and suitable workers came, and fresh opportunities to extend presented themselves.

The needs of an uptown district having been urged, a house was selected there and purchased by Mrs. Butler Duncan for the use of the settlement, and workers were placed in it who had served an apprenticeship in the down-town house. A little later also one floor of a house in still another locality was given by the family of one of the residents, and several nurses are accommodated there. Finally, a dream of the nursing staff was realized in the gift, received from a young married woman, of a charming home in the country, where all the year round, and without restrictions or conditions save those imposed by the circumstances of the patients, the convalescents and tired-out people who need rest are entertained and where, in the summer, many delightful outings for the young people are planned.

From the needs of the neighborhood has sprung the service that we call the "First Aid Room" in three very crowded quarters. In each one a nurse is in attendance at certain hours a day, and cases that require dressings, fresh cuts, old wounds, simple eye cases, eczemas, etc., are treated. These are such nursing cases as might be attended to by





A SETTLEMENT PICNIC







the members of the families if the mothers had sufficient leisure or sufficient intelligence. Many of them are sent by the physicians of the large dispensaries, who have not confidence that the parents will apply ointments, dress wounds, or syringe ears daily and in a cleanly way. These are often school-children, and the nurse is thus able to care for a far greater number than would be possible if she went to them.

This work has also a direct bearing on the school attendance of the children, and though many of the cases are not important from a medical point of view, they are of the utmost importance from the educational stand-point, as the children are sent home by the medical school inspectors, and, not being allowed to reënter while the trouble continues, often miss much precious school time, for it must be remembered that few of these children can attend school after fourteen; at that age they all begin wage-earning. As an illustration, I knew of a lad of twelve years who had never been in school because of eczema of the scalp. True, the mother had gone to the dispensaries and obtained ointments, but the overdriven, wornout woman said they did no good. Careful epilation, systematic disinfection, and careful application of the medicament was so successful that when school opened in the fall I had the pleasure of placing the boy there for the first time in his life.

The settlement in coöperation with the New York Kindergarten Association maintains a kindergarten. The children upon graduating from the kindergarten and entering the public schools are invited to come back as members of clubs. They are the youngest club members, and when the first one was called "The Alumnæ Association of the Nurses' Settlement Kindergarten" the name seemed longer than some of the members.

Probably the boys' clubs connected with the settlement hold the most intimate place. The first one organized, of which I have the honor of being a member, undertook the study of the lives of American heroes. We took the term "hero" broadly, and men or women who by fearless living had made the world a better place to live in were counted as such. Thus we had the biographies of those who had contributed as statesmen, soldiers, philanthropists, and writers to the realization of the highest hopes of the country, and living members of the family under discussion often came to contribute personal reminiscences or family history. Since then as this club matured it has taken up the study of civil government and other similar study, and is but a type of what all the clubs are doing. Some of the girls' clubs combine study with the boys and young men, and interesting debates on important topics of the day are held in their meeting-rooms.

In the interests of a considerable number of boys not responsive to



the more intellectual stimulus of study, rooms have been set apart for manual work, and with the coöperation of the Children's Aid Society carpentry, wood-carving, and basket work are carried on. The large dancing-school classes, gymnasium work, etc., are possible through the courtesy of this society—it gives us the privilege of using its large and roomy floors after school hours and in the evenings. Our dancing-school has led us to the same conclusion that experience with young people anywhere would bring: that the desire to dance and to meet their kind socially is a wholesome and healthy one, and that it is a dangerous thing not to recognize and meet the want wholesomely, lest innocent desires be diverted wrongly.

The dancing-classes are refined gatherings, properly chaperoned, and with no other restrictions than the ordinary ones of good manners. They are successful rivals to the public dances that are over or back of the saloons, and also provide opportunities for those young people whose careful parents would not allow them to go elsewhere.

We have a penny provident bank, and habits of thrift are inculcated by making it easy to save the pennies. When the deposit reaches the sum of one dollar, an account may be opened in the savings-bank in the locality.

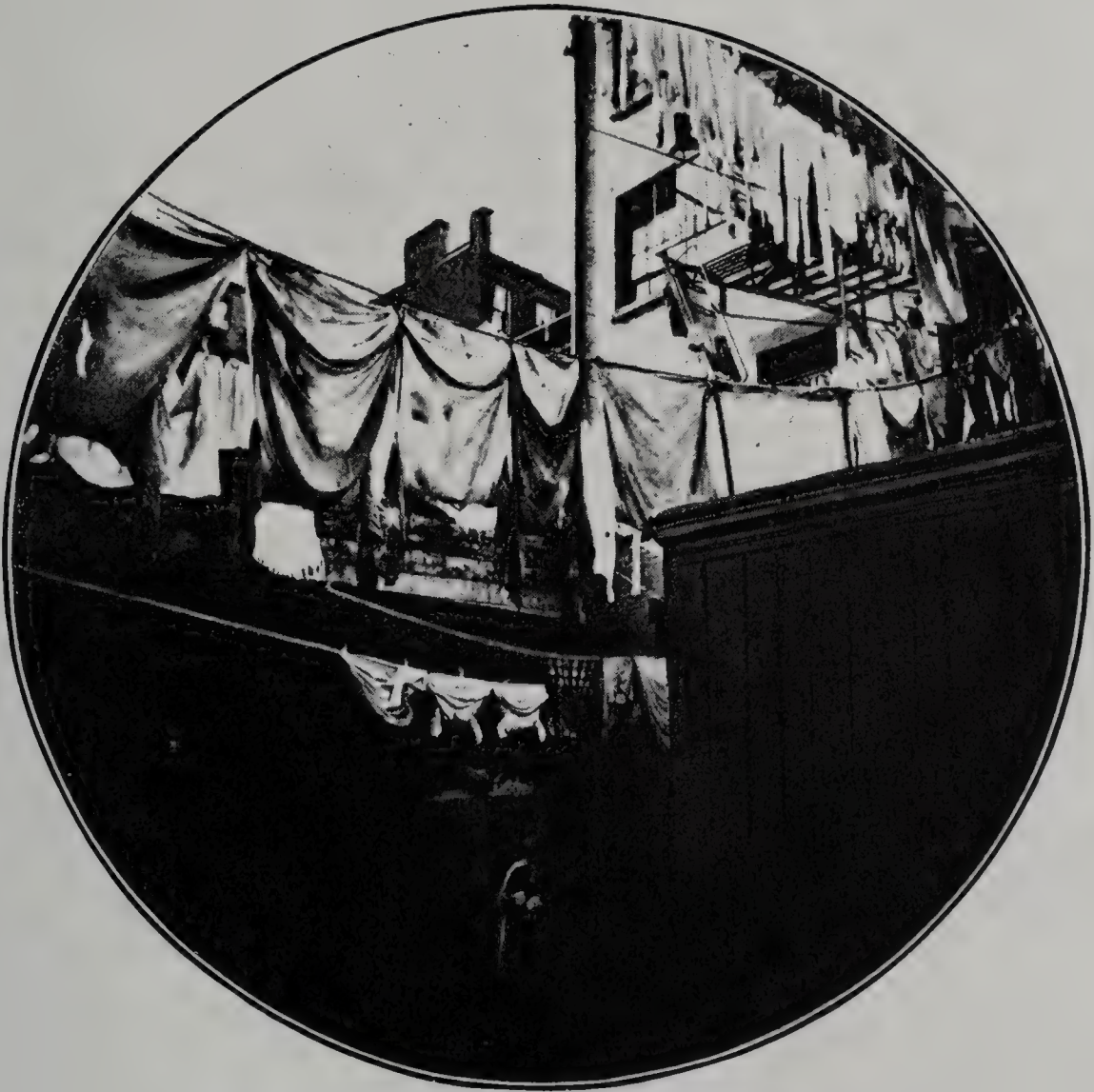
All of such work is not done by the nurses, for besides our valued lay members who share in the social and educational work, a large staff of non-residents take part in the classes and clubs.

The kindergarten teachers are, of course, trained for that purpose. Leaders for clubs and teachers for the various classes are recruited from the outside, and among them are distinguished lecturers who find their students responsive and their audiences sympathetic. Musicales, private theatricals, and the varied undertakings that bring gayety and zest into the social life are successful with us. We are fond of saying that next to nursing typhoid fever we love to give a ball!

Our nursing work is the "raison d'être" of our existence, from which all our other activities have had their natural and unforced growth, but the papers at this Congress have dwelt upon the detail and method of district nursing, and our methods do not differ sufficiently to warrant my taking up time and space to enlarge upon it. We conceive the underlying thought of the district nurse to be that of neighborliness, and plan to have each nurse work in a small district in close touch with the settlement house that she belongs to, that recourse may be had to it in emergency as quickly as possible.

We hope that the nurse, with her knowledge of hygiene and sanitation and the care of the body in health and illness, will be an educator, and we lay much stress upon this, that she should not have too large a





CROWDED QUARTERS IN THE SETTLEMENT NEIGHBORHOOD







district or too many patients to look after. We believe she should have time to give the bath, and if necessary to make the second and even the third visit in the day, and not be adviser and instructor only, not forgetting her charity organization tenets of the dangers of doing for people what they ought to do for themselves, yet holding to the ideals of the nurse in her work.

With this in mind, though we do not undertake night nursing as a rule, yet we would have a night nurse obtained through a registry if in our opinion this was the only thing to be done for the patient. We also send women to scrub and clean in the homes that the nurses go to, if there is no one who should rightfully perform these services, as we consider it a part of good nursing to have the rooms kept clean.

The various needs of the patient are kept vividly in mind. From what we call the settlement point of view we believe that the patients should know the nurse as a social being rather than as an official visitor, and that all legitimate relationships which may follow from her introduction as a nurse shall be allowed to take place.

It is good from this point of view that the patient should know the home of the nurse, and that the nurse should be intelligent about the housing conditions, the educational provisions, and the social life of the neighborhood in which she works and lives.

From this motive has come the opportunity for the settlement to show where the neighborhood has been neglected, and to bring into communication the different elements of society that go to make up a great city. We think and feel sincerely that the relationship is reciprocal, that we are partaking of the larger life, that society in general has closed the avenues that lead to this knowledge, and that the different elements of society need one another.

The well-meaning employer needs his interpreter, and the people of such neighborhoods as our own should have their point of view considered and given dignified place in the councils of the public-spirited. This is the ideal of democracy, the best "Spirit of the Times," and in its accomplishment we have responsibility and privilege,—our share in speeding the realization of the unity of society, the brotherhood of man.

The numerical record of work done through the settlement for one year was:

#### NURSING WORK.

Three thousand nine hundred and ninety-one calls for nurses to the homes of the sick; twenty-six thousand six hundred nursing visits made; twelve thousand six hundred and ninety-four cases treated in three First Aid Rooms; two hundred and twenty-five convalescents entertained in the Country Home.



## SOCIAL WORK.

Thirty-five clubs, from kindergarten classes to clubs of married women; dancing school, four classes; singing classes; private theatricals; concerts; gymnasium; fresh air work.

## EDUCATIONAL WORK.

Kindergarten; reference library; sewing, crotcheting, etc.; basketry; carpentry; carving; housekeeping classes (including cooking, laundry, etc.); home nursing; civics—municipal and national government.

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[This discussion followed the five papers on district and settlement nursing given on Friday morning, September 20, beginning with Miss Amy Hughes's paper on the "Origin and Growth and Present Status of District Nursing in England," ending with Miss Wald's, given in the present number.—ED.]

DR. LAURA HUGHES.—Perhaps it may be interesting for our foreign delegates to know that in Boston we have fifty official inspectors, men of good medical reputation, belonging to our State Medical Society, who are the very best doctors we have. They receive two hundred dollars a year for visiting the public schools one hour every morning and looking at the heads, eyes, etc., of the children. The doctor who inspects the heads the most thoroughly is the least popular doctor.

I really think we lose a great deal of this Congress if we do not carry away with us something more than we take out in our clothes, and it seems to me that one of the things which we can carry home is the idea which has been given us by the papers of this morning, and I hope that everyone will try to have trained nurses appointed for the public schools of their district. I am sure I, this morning, have been greatly interested in these papers, and I mean to use all my efforts to have trained nurses appointed to occupy such positions.

MISS McISAAC.—In Chicago, several years ago, a philanthropic man left to the Illinois Training-School for Nurses fifty thousand dollars. This school had been started and supported by public contributions, and when the money came to the school the Board of Managers felt that they did not need it for its support, and the idea of providing trained nurses for the middle classes was acted upon. It was voted that this fifty thousand dollars should be set aside and used for that purpose. This was about nine or ten years ago, and it has never been touched for anything else. The idea was carried out exactly. The patient pays from seven to ten dollars a week, according to the income of the family. The nurse's pay is twenty-one dollars per week, the regular nurses' fees in Chicago being twenty-five dollars per week. We find any number of nurses who are willing to do this work, and the money which comes from the patient goes into the fund, or income, of fifty thousand dollars. I think that we paid out six thousand dollars for trained nurses last year. Our work is confined, after a few years of experimentation, to acute medical cases. We do not send our nurses to contagious cases, because the public hospitals provide well for them, and we do not send to chronic cases or outside of our own city limits. Out of twenty cases an average would be somewhere over one-half maternity cases, with the other



half typhoid fever and such diseases. There is no society in Chicago that is so much appreciated or that has done so much good as the Creerer nurses. The demand is sometimes much greater than we can supply, so we send out as long as there is money in the bank, and when that gives out and there is no more money we have to wait awhile. I have heard the nurses say repeatedly that if they had any money to give to anything it would be to the Creerer fee.

MISS WALKER.—I would like to thank Miss Wald for the thought that in doing district nursing we help the people and the people help us. There was so much to me in those few words and I think she ought to be thanked for it.

*Question.* Are the nurses of the Victorian Order sent out simply as district nurses?

*Answer.* We intend them to go out simply as district nurses. In the rural districts they are unable to keep so strictly to district nursing because sometimes they have to go ten or fifteen miles and sometimes stay two or three days. It would seldom extend over eight hours a day. In the city we keep strictly to district nursing. The nurse starts out at eight o'clock in the morning on her rounds and leaves again in the afternoon at four o'clock and returns for her supper between seven and eight.

UNANNOUNCED.—We allow our patients to pay twenty-five cents a visit or sometimes ten cents a visit, and for labor cases we sometimes charge one dollar; and then we do charity nursing, but we think it is not best to act independently of the people, and they would not thank you for it. They would rather have the feeling that they are paying for your services, and you will have better success if you make a charge that they can pay.

UNANNOUNCED.—I think the nurses as inspectors of schools would do better work than the doctor, because they are trained to recognize diseases even if they are not allowed to diagnose. The doctor does not come to the school to treat the child; he simply recognizes the disease. I think the nurse can do more good by instructing the mother at home or taking the child to a dispensary. I think the moral effect would be better, and then the children are not so afraid of a woman as of a man. I think it would be better to have nurses for inspectors of the children for the prevention of the spread of contagious diseases.

PRESIDENT.—It certainly is a matter of constant regret to us all that there are so many interesting papers and subjects for consideration that we have so little time for discussion, but the time has now arrived for us to close.

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He has no enemies, you say.

My friend, your boast is poor.

He who hath mingled in the fray

Of duty that the brave endure

Must have made foes.

If he has none

Small is the work that he has done.

He has hit no fraud upon the hip;

He has shook no cup from perjured lip;

He has never turned the wrong to right;

He has been a coward in the fight.



## THE RELATIONS OF TRAINING-SCHOOLS TO HOSPITAL ADMINISTRATION \*

By MARY M. RIDDLE

Assistant Superintendent of Nursing, City Hospital, Boston

As the interests of any hospital and its training-school are closely interwoven, no argument is needed to confirm the statement that they are mutually dependent. That which militates for the advantage of one reacts for the good of the other, and, vice versa, that which is to the detriment of the one is also an evil to the other.

Since they are so closely allied, and participate so nearly equally in the results accruing from their collaboration, the proper adjustment of their relationship seems a simple matter. But many systems are in vogue, and it is only by careful consideration of circumstances and the needs of the time, together with a just estimate of the value of each to the other, that a satisfactory solution is possible.

It is a self-evident fact that in every hospital some form of government is necessary, and if it be that which provides for the efficient management and preservation of the common interests, promotes the general welfare, and establishes a permanent happy state, it accomplishes its purpose, and no individual or class of individuals is at liberty to interfere with its administration, lest it be weakened and the end to be attained frustrated. Organized training-schools for nurses are of comparatively recent date, and their modes of growth have been that of evolution from the simpler and less complex organizations of the beginning, on and on to the present, when we find their managers contemplating university education for the pupil nurse.

When these schools were in the simplicity of the beginning it was no uncommon thing to find them managed by boards in no way connected with the hospital. This was especially true of those hospitals which employed religious orders to care for their sick. Such nursing bodies did efficient work, and paved the way for their more scientific, though possibly less devoted, followers. They were, from the highest religious motives, most devoted to the relief of human suffering, and were responsible only to the head of their order, regarding the hospital as the means whereby they were allowed to fulfil their vows and to exercise those functions and attributes which made them indeed "Sisters of Charity."

Other schools there are governed by superintendents who have no voice in the executive affairs of the hospital, but whose interest is con-

\* Read at the International Congress of Nurses, September, 1901.



centrated in furnishing to the school clinical advantages for study and observation. This relationship of school and hospital may have items in its favor, but there are evident disadvantages, prominent among which is the effect upon the nurses themselves. It is possible, and altogether probable, that by a training thus given nurses may be produced who fail to consider that the welfare and comfort of the patient is of primary importance. His welfare may receive due consideration, but his comfort and happiness are of secondary value. He is the means to the end that they may be educated, and they unconsciously drift into the belief that all patients were created for their benefit, whereas the reverse is the fact, —viz., that nurses were created for patients.

Again, the training-school may be governed by a superintendent who with the school is employed by the hospital to do the nursing therein. Hospitals and training-schools thus associated have been known to flourish and go on to success, and to send out graduates who take and maintain positions in the front ranks of the profession. Furthermore, this association of school and hospital has been one method of solving the problem of political control, or, rather, of keeping the school free from political influence when the hospital is under its domination. It has also been a method of securing greater freedom for the school, in that it allows the accomplishment for the hospital of what is reasonable rather than the exaction of what is desirable, with the result that the possibilities for the preservation of the health and strength of the nursing body are greatly increased.

Another form of relationship between training-school and hospital is exemplified when both are under one administration. Then do we have a form of government which may more nearly meet the necessity for any government,—viz., to promote the general welfare,—but there are some apparent disadvantages to the school arising from this form of relationship; first, the ability of the Board of Trustees to at any time abolish the training-school and conclude to have the nursing service performed in some other way; second, it seldom calls for a “Ladies’ Board,” unless it may be that such a body constitutes part of an advisory board.

That training-school which has no Ladies’ Board doubtless loses many of the influences which tend to stimulate it in the search for high ideals and correct motives. Personal contact with women of a wider and more varied life cannot fail to make strong impressions upon nurses, and when the spoken words convey the knowledge of experience they carry with them a conviction that supplements the teaching of the school.

The superintendent of the hospital is the nominal head of the training-school under authority of a Board of Trustees. He, in turn, delegates his authority to a superintendent of nurses, superintendent of



training-school, principal of training-school, or a directress of nurses; one title implies the same meaning, suggests the same routine of duty and the same burden of responsibility as another, and is at the same time representative of some distinctive idea when given. Great power is gained by this combination of offices.

The superintendent of the hospital, whether he belong to the medical fraternity or to the laity, wields a farther-extended influence than the average superintendent of nurses, for by reason of his professional and business relations he comes in more immediate contact with men of affairs, and is constantly informed of the public pulse.

In matters of discipline he is the court of appeals, and from his position as head of the training-school on the outside of the actual work he should be able to form unbiased opinions and render judgment without prejudice.

If he is the power to whom appeal may be made for direction and discipline, the Training-School Committee of the Board of Trustees is the final tribunal, or supreme court.

He is an adviser not only in matters of discipline, but is to be consulted on those that are educational or that otherwise pertain to the progress of the nursing work. The superintendent of nurses, from her more intimate knowledge of the requirements of the training-school gained by her experience while in training and her contact while superintending, should formulate and carry into execution plans for the advancement and betterment of the nursing service within the hospital as well as the elevation and maintenance of standards among pupils who must soon represent the training-school in the great world outside, where they will be judged by the efficiency and spirit which characterize their work. In all this the superintendent will advise and consult, and he will doubtless eventually place his seal upon the results; but if he is wise and unselfish, he will permit the superintendent of nurses to proceed within limitations that are not narrowed and restricted by his conceptions of expediency, but by those which after full and free consultation they together conclude will most surely promote the general welfare.

Another element of power in this combination of offices, subject to one authority, is found when the relationship between the training-school and other departments is scrutinized. It is impossible for a matron or housekeeper who is an untrained nurse to duly appreciate the necessities of the hospital from the stand-point of the nursing service, and therefore the progress of the work is frequently impeded by friction which is the outgrowth of ignorance. But when all departments are subject to the one control, there can be no division of interests and consequently no friction to overcome.



The benefits resulting to the hospital and its administration in every department by this unity of government may be augmented by placing at heads of all departments of the domestic service women trained and educated in the art of nursing. Success to the whole is thus lured by every inducement of sympathy and interest.

Here too is an opportunity for the development of those ethical traits in a nurse which count for much in making up the estimate of the individual as well as the professional body. Here loyalty may grow, flourish, and bring forth fruit which shall redound to the well-being of the training-school, the hospital, and ultimately the whole profession.

The matter of placing trained nurses at the heads of departments has seldom been carried to complete success. Many existing theories have thrown their weight in the scales to overbalance the success of the scheme when tried. There is a sentiment noticeably prominent among nurses that by taking any other line of work than the actual bedside-care of patients or instruction in the art they forfeit their place, their self-esteem, and the esteem of their neighbors.

Is the rejection of these branches of work by our best nurses the result of their training, or a deficiency in their training, or a fault of their earlier education, or is it due to the influence which heads of hospitals and heads of training-schools have permitted to surround these forms of hospital work; or is it due to the fact that other than nursing forms of work in the hospital have been consigned to the list of menial occupations? But do they really belong there? Do they not rather represent the business element in the hospital world, and is it not now the common belief that the higher education best fits one for business and the conduct of vast affairs, and, if true, then does not the higher education in the hospital best fit for places therein? Moreover, is not the successful management of vast business enterprises receiving the homage of the world to-day, and are not these special lines receiving the attention of instructors in the course for nurses at Teachers College?

Then let not the training-school despise the offices of any other department, but rather broaden out to include preparation for them in its curriculum. Instruction in the duties of matron, housekeeper, or purveyor might well form one branch of training for the third year, with the result that the trained nurse would be better able to meet the responsibilities of the combination of all offices when called upon to do so in assuming the management of a small hospital. Then would she not be completely overcome by the problems which demand, for correct solution, a knowledge of the various subsistence supplies, their value to the hospital, their cost, their necessity, the amount required, and the manner of preserving them and preparing them for use. She would also have



a knowledge, gained by instruction, observation, and experience, which would enable her to demand the proper amount of domestic service within a given time and for a given recompense.

Whether the relations between the hospital and training-school are those that naturally arise when under one administration, or whether they are those due to the contract which binds them together, there are certain duties and responsibilities of the hospital to the training-school, and vice versa of the training-school to the hospital. When the relationship is by contract its terms doubtless define these duties and responsibilities, and each member of the compact sees to it that the other renders that which was agreed upon,—there responsibilities cease.

But when hospital and training-school are under one administration there can be no such limit of responsibility.

When a hospital issues to the world its prospectus, setting forth the advantages of its particular school, and a young woman is induced thereby to undertake its course of training, to the end that she may become useful and self-supporting, the hospital assumes towards that young woman certain moral responsibilities as well as those enumerated in its agreement with her. She had doubtless come from a sphere in life where knowledge of hospitals and training-schools is very limited; she knows nothing of the many phases of the work, which may be to her advantage or otherwise, therefore she must be protected, and this is one duty of the hospital to the individual nurse,—her interests must be preserved, and this cannot be done if obstacles are placed in her pathway towards success. She looks forward to the time when she shall be sufficiently equipped to take her place in the world and earn a competence. The time arrives, but she finds she is superseded, possibly by undergraduates from her own school, who, because they *are* undergraduates and are supported by the school, underbid her services to such an extent that she must withdraw from the field, wondering how her hospital could have held out such inducements to her when they evidently did not exist.

This is the prevailing condition in those communities where are located the hospitals having training-schools that send their nurses out to private duty. In these days of progress we frequently hear the argument advanced that it is only a part of the new plan for university education of nurses, and so it may be in those schools where the nursing service is rendered at the same rate as to the poor in our hospitals. Let the poor and others be given the nursing care required and let no remuneration be exacted, then will become perfectly visible the plan for university education of the nurses. And lest these patients become pauperized, let them be given to understand that the obligation is wholly on the part of the hospital. Possibly a circular to the effect might be substituted for



or accompany that which is now sent inquiring as to the merits of the nurse.

The idea of obligation may not suggest a happy state, and it may be wise to charge a nominal fee, but if it were no more than the actual cost to the hospital of the nurse while engaged with the patient, surely all moral and ethical requirements would be met, and the value to that training-school of university education for its nurses could be determined by the amount of service thus given for which there was no visible increase in its treasury.

Other responsibilities of the hospital to its school under the same administration may be enumerated,—as, provision of home and sustenance, fulfilment of contracts, provision of necessary educational advantages, etc. In return the training-school as a whole, and nurses as individuals, will give unstintedly of those qualities which furnish the best service,—loyalty, unselfishness, and devotion to principle. They will abide by their contracts and will guard against the purely scientific work, forgetting not sympathy and womanly nursing virtues and attributes, which sometimes seem almost out of fashion and can only be seen in the dim distance of the past, but will be ever present with the nurse who heeds the admonition of one well fitted to furnish it, that “the ideal nurse must maintain a strength of character upon which a sick world may lean.”

Notwithstanding much has been said to the contrary, there is a growing sentiment of appreciation for training-schools and their work among hospital governors and administrators. The school is no longer thought an expensive luxury of the hospital or even a pecuniary benefit, but it is placed where it belongs, among the educational institutions of the world. Material evidence of this change of opinion of the hospital of its school is found in the provisions made for their comfort, for their culture, and for refining influences which surround them in the beautiful home that almost every hospital is ambitious to furnish its nurses.

An editor of a prominent medical journal, who is closely observant of the trend of events, says: “It is becoming more and more obvious that the efficiency of a hospital of any sort depends in a great measure upon the services of the nursing staff. It would, we sometimes think, be possible to get on, for a time, at least, without physicians, but to be deprived of nurses would mean the *abolition* of the modern hospital. The external recognition of this fact lies in the ample provision now everywhere being made for the comfort and health of the nursing staffs when off duty.”

Time and experience are the surest tests by which the real value of any form of relationship between school and hospital may be estimated, but all departments cannot fail to find in the united means and efforts



greater strength, greater resource, and eventually greater results,—*unity of purpose is the main prop of success.*

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## EXAMINATIONS FOR ADMISSION TO PROFESSIONAL PRACTICE IN THE STATE OF NEW YORK

BY HENRY L. TAYLOR, PH.D.

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CAREFUL attention needs to be given to the difference between a degree and a license, the one carrying with it the right to assume a title which is evidence of scholastic ability, the other the right to enter on the practice of a profession or a pursuit, both emanating from the same authority, the State, either directly or through intervening mediums.

As the general public, specially foreigners, are often puzzled to account for the diversity in the legislation of the United States, the fact is emphasized that all matters of internal police control are left exclusively to the several States, and that national laws regulating professional practice cannot be enacted.

The requirements for admission to professional schools and for admission to the practice of a profession vary greatly in the different political divisions of the United States, but four general items usually appear, (1) a general preliminary educational requirement; (2) a professional preparation; (3) evidence of good character; (4) a licensing fee.

In New York high standards in preliminary general education are demanded both for degrees and for licenses, and in each case the question of attainments is determined by the University of the State of New York. As a rule, in other States, professional schools conduct their own entrance examinations, and the tests are often mere matters of form, even though the standards may appear satisfactory on paper. In the State of New York, however, admission to professional schools and to professional practice is subject to the requirements of the university to a greater or less extent, and must be secured either on examinations conducted by the university, or certificates issued for work completed in registered schools, supplemented if necessary by Regents' examinations.

UNIVERSITY OF THE STATE OF NEW YORK.—As some confusion exists regarding the powers and duties of the Regents, and to many the term is synonymous with examinations only, a concise statement of the organization of the university is in order. The University of the State



of New York is governed and all its corporate powers exercised by nineteen elective Regents and four ex-officio, the Governor, Lieutenant-Governor, Secretary of State, and Superintendent of Public Instruction. Regents are elected in the same manner as United States Senators; they are unsalaried and are the only public officers in New York chosen for life.

The elective officers are a chancellor and a vice-chancellor, who serve without salary, and a secretary. The secretary is the executive and financial officer and is responsible for the proper administration and discipline of the various offices and departments of the university.

Besides many other important powers and duties, the Regents have power to incorporate, and to alter or revoke the charters of universities, colleges, academies, libraries, museums, or other educational institutions; to distribute to them funds granted by the State for their use; to inspect their workings and require annual reports under oath of their presiding officers; to establish examinations as to attainments in learning, and to confer on successful candidates suitable certificates, diplomas, and degrees. Their duty of establishing examinations as to attainment in learning and to confer on successful candidates suitable degrees has been exercised with ever-widening influence since the university's incorporation in 1784.

GENERAL PRELIMINARY EDUCATION.—The preliminary professional certificates issued by the university are the law student, evidence of three or four years of academic (high-school) work subsequent to eight years of pre-academic preparation or its equivalent; the medical student, evidence of three-years' academic work prior to August, 1896, and four years' academic work subsequent to that date, and the special medical student certificate, meeting additional requirements set by individual medical schools of the State; the dental student, evidence of three or four years of academic work; the veterinary student, evidence of two-years' academic work.

Regents' examinations are held in the academies and high schools of the State of New York. These schools must meet certain requirements in resources, instruction, equipment, teaching force, and courses accessible to students of academic grade. Secondary schools are registered in full or in part on a similar basis. For full registration the school must have admission requirements equivalent to the preliminary certificate and afford at least four years of high-school or academic work with the general facilities required for admission to the university. The seven hundred and fifty-one registered institutions of secondary education in the University of the State of New York and a few private schools that secure registration on the payment of an annual fee of



twenty dollars are subject to inspection to determine the grade and character of instruction. Schools outside of the State desiring registration must meet the same requirements. The facilities and courses of such schools are usually determined on documentary evidence substantiated by the testimony of disinterested references.

An approved academic course follows eight years of common-school or preacademic work and is measured in years. At least three academic subjects, forty weeks, five periods a week, forty-five minutes a period, seventy-five per cent. standing, or the equivalent, are required for a high-school year; many students take four subjects, some five.

Not only are these the general preliminary educational requirements for admission to professional schools of the State, but they are also the requirements for admission to the licensing examinations.

PROFESSIONAL REQUIREMENTS.—Under the laws of the State and rules of the university the professional preparation for admission to the licensing examination is guarded with equal care, and the completion of a three-year veterinary course in a New York State veterinary school or a veterinary school registered by the university is a prerequisite for admission to the licensing examination in veterinary medicine.

The Regents admit to examination for license to practise dentistry in the State any candidate who, in addition to the prescribed fee, submits satisfactory evidence, verified by oath if required, that he (1) is more than twenty-one years of age; (2) is of good moral character; (3) has the required preliminary education; (4) subsequent to such preliminary education has studied dentistry at least three years in a registered dental school or graduated from a registered medical school, has pursued thereafter a course of special study of dentistry for at least two years in a registered dental school.

In addition to the general preliminary education requirements for admission to a medical school (the medical student certificate), a candidate for admission to the licensing examination must afford evidence of the study of medicine during not less than four full school years of at least nine months each, including four satisfactory courses of at least six months each in four different calendar years in a medical school registered at the time as maintaining a satisfactory standard.

A modification of the statute by the Legislature of 1902 permits the Regents to accept as the equivalent of the first year in a medical school evidence of graduation from a registered college course, provided that such college course shall have included not less than the minimum requirements prescribed by the Regents for such admission to advanced standing.

EXAMINING BOARDS.—The examinations for admission to practice



in the State of New York are prepared by the university through a State Board of Examiners, and the organization of a State Medical Board affords a good example. It comprises seven members, each of whom holds office for three years from August 1 of the year in which appointed. The State Medical Society nominates twice the number of examiners to be appointed in a given year, and the names of such nominees are transmitted annually under seal to the Regents, who appoint from such list the examiners.

Each nominee before appointment furnishes the Regents proof that he has received the degree of doctor of medicine from some registered medical school and that he has legally practised medicine in the State for at least five years. An examiner receives a certificate of appointment from the Regents and files with the Secretary of State the constitutional oath of office before beginning his term of office. The Regents may remove an examiner for misconduct, incapacity, or neglect of duty.

The board or committee thereof may take testimony and proofs concerning all matters within its jurisdiction; . may, subject to the Regents' approval, make by-laws and rules not inconsistent with law needed in performing its duties. The board annually elects from its members a president and secretary for the academic year and holds one or more meetings pursuant to the call of the Regents, who may also call joint board meetings. A majority constitutes a quorum, but questions may be prepared and rated or answer papers of candidates may be examined and marked by committees duly authorized by the board and by the Regents.

The board submits to the Regents lists of suitable questions for thorough examinations in medical subjects. From these lists the Regents prepare question papers for the examination of all candidates meeting the statutory requirements for admission, and the greatest care is taken to preserve the integrity of the question papers, which are set, edited, printed, enveloped, and packed under the immediate control of the secretary. The examinations are given in at least four convenient places in the State at least four times annually in accordance with Regents' rules, and are exclusively in writing and in English. They are conducted by a Regents' examiner who is not one of the medical examiners. At the close of the examination, the examiner in charge delivers the question and answer papers to the board or its duly authorized committee, which without delay examines and marks the answers and transmits to the Regents an official report giving the standing of each candidate in each branch, his general average, and whether the board recommends that a license be granted.

If a candidate fail on the first examination he may, after not less



than six-months' further study, have a second examination without fee. If the failure is from illness or other cause satisfactory to the Regents, they may waive the required six-months' study.

On receiving from the board an official report that an applicant has successfully passed the examination and is recommended for license, the Regents issue to him, if in their judgment he is duly qualified therefor, a license to practise medicine, under seal and signed by each acting medical examiner. This credential states that the licensee has given satisfactory evidence of fitness as to age, character, preliminary and medical education, and all other matters required by law, and that after full examination he has been found properly qualified to practise. Before beginning practice the licensee must have his license registered in a book kept in the clerk's office of the county where he proposes to practise, with his name, residence, place and date of birth, and the source, number, and date of his license.

The dates of the medical licensing examinations for the year 1902 are January 28-31, May 20-23, June 24-27, September 23-26; the places, New York, Albany, Syracuse, and Buffalo. The daily programme begins at nine-fifteen in the morning and one-fifteen in the afternoon of Tuesday, Wednesday, Thursday, and Friday, one subject for each half day.

ADVANTAGES.—Three prominent advantages appear from this relation of the University of the State of New York to the professional schools and professional practice—uniformity, accuracy, and impartiality.

The schools of the State under the jurisdiction of the university afford greater uniformity of preparation, for, as Professor Brown, of the University of California, says, "The university presents the most thoroughly organized State system of secondary education which has yet been developed on American soil."

As the students of the State are more thoroughly and uniformly equipped for professional study than the students of any other State of the Union, the work in the professional schools of the State is of higher grade and broader attainments. As a result of this more thorough and accurate preparation all candidates that seek a license to practise are necessarily better grounded in the fundamental principles of their profession.

Under the administration of the university far greater accuracy of information is secured both in regard to the character of the applicants and the qualifications they present, and also in the preparation and application of the tests to determine the qualifications. The experience gained by the office in contact with the credentials from twenty different



countries in as many different languages affords material for far more accurate information than can be secured by individual initiative. Thus the danger of being imposed on by inferior credentials is minimized. Marriage certificates, be they ever so handsomely engrossed, are no longer accepted as medical certificates; a certificate of rights at a boarding club, however highly embellished, is not received as a sufficient evidence of a candidate's preparation for admission to a law school, and passports from a foreign government in an unknown tongue are not accepted as evidence of ability to administer ether to a patient in a dentist's chair. Greater accuracy is secured in examinations by separating the general preliminary and professional tests from the licensing. Thus greater care can be given to the preparation of the licensing examinations in the number and content of the questions, and fuller and more complete replies can be submitted by the candidate for admission to practise.

Finally, the impartiality of the administration will appeal in strongest terms to the disinterested reader. Divorced from financial considerations, that so strongly influence proprietary or semi-private institutions, whether the fitting school or the professional, it is at the same time freed in a great measure from the personal bias that appeals to the individual, whether from personal contact with a school as an alumnus or from the influence of local interests. At the same time freedom from political pressure warrants the highest impartiality and develops rules and ordinances possessing such stability and justice as to merit the reputation now attained by the university.

In 1897 President Henry Wade Rogers said: "There should be established in each State a Council of Education, which should be intrusted with powers similar to those vested in the Regents of the University of the State of New York, and which should be composed of the most eminent men in the State without reference to political consideration."

The American Bar Association recommended that examinations for admission to the bar be conducted by a commission appointed by the court of last resort according to the system now in force in New York.

The secretary of a committee of the National Association of Dental Examiners writes, "The entire committee regards the New York dental law as the best in the country."

The secretary of the Colorado State Board of Medical Examiners says, "We assure the Regents of the University of the State of New York that we recognize their body as the leading spirit in medical educational reform."



## HYGIENE OF THE HOUSEHOLD

By EVELEEN HARRISON

Graduate Post-Graduate Hospital, New York

(Continued from page 498)

WE will now glance at the living-room, or general sitting-room of the family,—essentially a room for use, not for show.

Have you ever noticed that on entering a room the first thing that attracts your eyes is the open fireplace—when there happens to be one? Some writer has remarked that a landscape without water is like a face without eyes, and we may rightly add that a fire in a room is like bright eyes in a face. It is, indeed, a luxury that is almost a necessity in winter, not only for warmth and ventilation, but for the good moral effect it has on our spirits in the “dark days” that are found in every life.

How restful to mind and body is the cosy twilight talk, sociable cup of tea, or quiet day-dream beside the open fire. Of course, a fire involves extra care, but anything that is worth having is worth taking some trouble about, so let us have our cheery friend, the grate fire.

Gas-logs, now so much in vogue, certainly give less trouble, but are not so healthy, and at best are a poor substitute for the real thing, which is so truly, as Lowell poetically describes it:

“Beauty on my hearth-stone blazing,  
While thou leapest fast and faster,  
Wild with self-delighted glee,  
Or sink'st low and glowest faintly,  
As an aureole still and saintly,  
For thou hast magic beyond wine,  
To unlock natures each to each;  
Thou fill'st the pauses of the speech  
With whispers that to dreamland reach.”

Hard-wood or veneered floor,—the latter cheaper and equally durable,—with perhaps one large rug to cover the centre of the room, I again endorse as the best floor-covering for the living-room.

A word about bric-a-brac and pictures: Don't display all your treasures at the same time. The Japanese have an admirable custom of allowing only one handsome vase or rare curio to be seen on their tables at a time, thus bringing out all its artistic beauties and focussing them on the mind's eye. I have heard lately about a lady who has had the good sense to follow out this idea by locking away half her curios and art treasures, and every few months she is enabled to change the entire



appearance of her rooms by bringing out the “hidden treasures” and putting away what has been in use, thus giving an interesting fresh look to her rooms for which her relatives and friends render her grateful thanks.

There is no rest to mind or body in a room that is so crowded, even with the most exquisite things, that one is continually reminded of an old curiosity shop. The same thought applies to the furniture; better, far, have your room scantily furnished than so cumbered that one cannot move without being in danger of upsetting something.

Heavily upholstered furniture and plush and chenille hangings are among the things to be avoided from a hygienic as well as an artistic point of view. Soft silks, art muslins, denim, or some of the many rich Oriental hangings and coverings are preferable. French Madras, that is made now in such charming designs in the most exquisite shades, not expensive, is very effective for window drapery, and, by the way, soft half-tones in color are taking the place of pure white in the window-curtains of many aristocratic homes.

Let me beg of you not to dress up your windows in half a dozen different garments; curtains should frame the window, not conceal it, allowing room for the entrance of sunlight and fresh air.

The living-room is for daily use and comfort, so let us have comfortable furniture, as handsome as you please, but chairs that you may rest in, and cushions that you are not afraid to put your head upon.

A newly married man, starting housekeeping, told his wife that he did not mind how she furnished the rooms as long as she followed out the idea that nothing she bought was to be too good for daily use and comfort.

I have entered rooms arrayed in such a stiff “touch not, handle not” style that all one’s warmth of feeling shrivels up, and the word home or living-room is an anomaly.

Have your reception-room as stately and as much for show as you desire,—if you do desire such a thing,—but let the general sitting-room be a living-room in every sense of the word, showing the different sides of the home life, and, above all, a room of refreshment to mind and body.

A few good pictures, plenty of light, air, and sunshine, growing plants, book-shelves filled by favorite authors containing “medicine for the soul,” a good-sized centre-table for magazines and papers, writing-desk fully equipped, Morris chair, lounge, piano, and some few of the household gods dear to the heart of every family, and all surrounded by an atmosphere of cleanliness only procured by broom, soap, and water,—such a room arranged according to individual taste will be a



real home nest, where "the anxious cares of the day may fold their tents like the Arabs, and silently steal away."

There is a great tendency to keep the "best" room shut up in gloomy darkness two-thirds of the time. This error is to be found especially among the country folks, and when visiting there you are sometimes ushered into a room so cold, dark, and musty that you might as well be in an underground chamber.

A well-known writer compares the life of a lonely, reserved, unattractive woman to a "house whose parlors have always been closed," showing so clearly the absence of life, warmth, and sympathy which is expressed by the closed-up room. A young woman who had been studying abroad for some years on returning to her New England home found the hardest thing she had to meet was the shut-up parlor, sacred only to the memory of funerals and weddings. "Let's open the parlor and have a fire and afternoon tea?" she asked her mother. "Not for ourselves!" exclaimed her mother, holding up her hands in amazement. But one day when the girl was ill and sad the mother went out, bought a large roll of oil-cloth, spread it over the velvet carpet, built a small fire in the grate, and allowed a ray of light to enter one of the windows, showing by these small concessions the mother's heart rising above her life-long traditions.

Even if the parlor is not in daily use, open the windows and doors and let in fresh air, sun, and flowers; and don't be afraid of a little trace of life in the shape of an open book, cushion out of place, child's toy on the floor, or a ray of sunshine across the room. Much more lovable and attractive is a room showing some of the wear and tear of life, and thereby expressing the personality of its owner, than one that is only opened for state occasions and oppresses you with the thought that you are only received on the threshold, not into the home, of the family.

You can never make the mistake of having too many growing plants and cut flowers around the house. They always elevate our thoughts to a higher sphere, and a beautiful flower has the same good moral effect on our lives as a bright ray of sunshine.

If there is a member of the family who is a semi-invalid and obliged to be classed among the "shut-ins" during the severe weather, surround her with growing plants which need her loving care daily, and, if possible, have a few cut flowers always on her table, and the unconscious influence which permeates from Nature's children will wind itself around her life, draw her thoughts from her own troubles, and cheer the dark hours.



## THE ENTRANCE OF THE NURSING PROFESSION INTO REFORM AND PROTECTIVE WORK \*

BY LINDA RICHARDS

Superintendent of Nurses, Taunton Insane Hospital, Mass., Delegate from the  
Federation of Nurses to the National Council of Women

IN this short paper it is not the purpose to speak of the nurse in the work which is strictly called her own, but in work she is doing in connection with other societies.

The ancient ideas of nursing seem to have been, as found in Catholic sisterhoods (which did most excellent work in this one way), the caring for the sick and unfortunate. They made no protest against existing conditions, nor did they, as far as is known, seek to correct them.

It was Florence Nightingale who introduced the spirit of reformation and teaching into the work of nursing. She it was who overthrew old systems and replaced them with a mission for the nurse, to teach and practise sanitation and hygiene with authority. With her began a new era in nursing, and her name is, and will always be, held sacred by all training-schools and nurses the world over.

Democracy, by permitting increase of responsibility and opportunity to women, has made rapid progress possible in the nursing profession. In most of the old aristocratic countries the nurse is still considered a handmaid or upper servant, while English-speaking nations are developing her into a positive and recognized force and making her services of ever-increasing value, and this not alone in her own profession, but in the many others in which she may to-day be found.

In New Zealand a nurse (Miss Mills) holds a government position as Inspector of Hospitals. She has had great influence in shaping legislation regarding the education of nurses in that country.

Mrs. Norrie, of Denmark (a nurse), is secretary of the National Council of Women, and has done much for the advancement of the cause of woman's work and for suffrage.

In London, Miss Morton, a nurse, as member of the School Board, has been instrumental in placing nurses in public schools to watch for infection and prevent its spread.

As a reformer in civil service Miss Louise Dorche, in her ten-years' struggle against machine politics, took a training-school in New York out of its grasp, and placed it upon the merit system. In civic work Miss Wald, founder of the Nurses' Settlement in New York City, has

\* Read at the National Council of Women in Washington, February, 1902.



distinguished herself and profession. Seven years of conscientious, intelligent, self-forgetting service for the public good has made her a power in every branch of municipal work—playgrounds, overcrowded tenements, and all matters of like nature coming under her care. She meets all commissioners and is consulted upon all matters of improvement and civic reform in her district. In Yonkers, N. Y., Mrs. von Wagner has for four years held an official position on the Board of Health as Inspector of Tenements, where her work is thoroughly appreciated and more valued with each year of service. Several nurses are now studying to fit themselves for similar positions. In Boston, Mass., Miss McBride holds an official position as Visitor of the Children's Department. She visits all truant and reform schools and homes where city children are placed, and gives official reports concerning their care and surroundings. She also has charge of all clothing furnished them by the city. This department also employs a nurse whose duty it is to visit all these institutions, attending to such matters as would fall to a nurse only.

A nurse, Miss Gregg, holds an official position as visitor to all insane patients and paupers who are boarded in private homes in the State of Massachusetts. She looks into the sanitary conditions of these homes and ascertains the kind of care given the boarders.

The Boston system of instructive district nursing means very much more than its name would imply, the nurses being teachers of sanitation, hygiene, and home nursing, and inspectors of tenements as well.

Miss McCloud, superintendent of the Victorian Order of District Nursing in certain provinces of Canada, is constantly travelling from town to town where her nurses are located, and is very thorough in her work of home inspection. She is also an instructor in sanitation and hygiene.

In Buffalo Miss Damer, a nurse of large and varied experience, is officially connected with charity organization work, where she is doing much good by her wise counsel and thorough work.

Mrs. Kenny, superintendent of army nursing, visits and inspects all hospitals belonging to the American army wherever they are situated. She is now in the Philippines on a tour of inspection.

One nurse, Miss Rutherford, is secretary of a society in Baltimore whose work is the rescue of abandoned children and finding good country homes for them. In Baltimore nurses are also officers of the Society of Health to aid in the war against tuberculosis. Colored nurses have instituted a movement to establish district nursing, which will lead to improved sanitary conditions in the homes of colored people.

Mrs. Fenwick, of London, England, a nurse and journalist, takes up



the cause of industrial betterment and municipal improvement, as well as nursing, and her name is guarantee of the excellence of her work.

Miss Palmer, an American nurse, is also a journalist, and is very active in all matters of civic reform, and, being connected with many societies, has a wide field for work and influence.

There is a very general movement among nurses to study parliamentary law, sociology, and modern movements, and this with a view of entering reform work. Two local groups, the Metropolitan Club and Johns Hopkins Hospital Training-School Alumnae, belong to the Federation of Women's Clubs.

Nurses are by their training especially fitted for reform and preventive work, and each succeeding year finds a larger number employed outside of what might be considered strictly professional lines. That their work has been acceptable is proven by their services being sought after. They have always been found ready to help in all forward movements, and are glad to work shoulder to shoulder and in hearty accord with any and all societies whose aims are the improvement of conditions of the half who know not how to live.

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## LEAVES FROM THE NOTE-BOOK OF A BELLEVUE NURSE

### LECTURE IV.—KIDNEYS AND URINE

(Continued from page 502)

WE now come to the subject of excretions proper. An excretion, as we have learned, is a substance that exists preformed in the body, and is carried by the blood to certain organs and taken from the blood by these organs and thrown from the body. Excretion is continuous, and not intermittent, like secretion. It is principally composed of effete matter, the result of the growth of tissue.

#### *True Excretions.*

(1) Urine; (2) Perspiration; (3) Bile, partly.

The urine is excreted by the kidneys, which are two in number and consist of two distinct parts, (1) cortical substance and (2) medullary substance. The external or cortical substance is composed of tortuous tubes, at the end of which are small rounded bodies called Malpighian bodies, blood-vessels, etc. The internal pyramidal or medullary substance is chiefly composed of straight tubes and blood-vessels, lying internal to the cortical. These different tubes become filled with epithe-



lium, albuminoid matter, blood, etc., and in disease are washed out by the urine and can be seen under the microscope in the exact shape of the tubes from which they come. The arrangement of the Malpighian bodies is as follows: In the Malpighian bodies the secretion of water occurs. In the tubes of Henle the excrementitious matter is excreted (urea). The water dissolves the urea and washes it out into the bladder. The kidneys are plentifully supplied with blood-vessels. Those going into the kidney carrying urea and effete matter are known as afferent vessels, and those vessels which come from the kidney are known as efferent. Anything that increases the blood-pressure in the kidneys increases the urine, and vice versa. The urine comes from the kidneys into the pelvis and thence through the ureter, a tube running from the kidneys to the posterior part of the bladder. From the ureter the urine enters the bladder and is discharged from this through the urethra. The bladder is a sac just behind the symphysis pubis for the reception of urine, and holds ordinarily one pint, but will, if distended, hold much more. It is composed of three coats, serous, muscular, and mucous membrane. It empties itself by means of the muscular coat. Incontinence is inability to retain urine, due in some cases to paralysis of the walls of the bladder. Suppression is when the kidneys do not act or do not secrete urine. In catheterizing, two things are necessary, cleanliness and gentleness. Use a soft, flexible rubber catheter, one that is clean, and wash the parts of the body thoroughly with antiseptic solutions. The catheter is to be inserted about two to three inches. In regard to the urine, note quantity, appearance as to color, transparency and odor, reaction and sediment. In saving specimens of urine, if it is to ascertain the quality of substance, six to eight ounces of urine should be saved three or four hours after eating. If for finding quantity of substance, there should be some of all the urine which has been passed in twenty-four hours saved and kept in a dry, cool place. The bottle should be corked. Urine will often change in appearance, due to bacteria, moisture, and temperature. In testing urine there are six important things to notice, viz.: (1) Quantity, (2) color, (3) odor, (4) transparency, (5) specific gravity, (6) chemical reaction.

(1) *Quantity* is from thirty ounces to fifty ounces in twenty-four hours, but this may be decreased or increased, depending upon exercise, activity of the skin, and character of the food. Also disease affects the amount of urine. In persons having small, contracted kidneys there is often as much as one hundred and fifty ounces passed in twenty-four hours; also in diabetes mellitus. In the large white kidney there is often as little as fifteen ounces passed. Epilepsy and hysteria increase the amount.



(2) *Color*.—The color varies from a pale yellow to reddish yellow. This is also affected by food, drink, disease, etc. The coloring matter of urine is “urobilin.” In typhoid fever the urine is rather a blue color, in malaria dark, in carbolic poisoning black. Rhubarb and senna will turn it dark brown. Methylen blue turns urine blue.

(3) *Odor*.—The normal odor is due to phenylic acid, but may be ammoniacal or putrid, if allowed to remain in the bladder or to stand. The latter is due to mucus or organic substances, as in cystitis. Odor may be modified by turpentine, which gives the odor of violets. Asparagus or vegetable diet gives a different odor. Diabetic urine has a sweetish odor.

(4) *Transparency*.—Urine may be clear, or after standing have clouds, due to the presence of mucus, or perhaps of pus, bacteria, phosphates, or urates. Some of the tests are: by putting cloudy urine in a test-tube and heating the upper layer of urine the cloud may disappear, proving it to be due to urates. But if it does not disappear until nitric acid be added, we know the cloudiness was due to phosphates. If no disappearance, then there is suspicion of albumin.

(5) *Specific Gravity*.—The specific gravity is the total amount of solids in solution in the urine. Water at 60° F. equals 1000 by the urinometer; now, by adding solids we can raise the specific gravity to 1000 or 1010 or even 1040. Normal specific gravity is from 1018 to 1025. But in diabetes it goes up to 1040. A large amount of watery secretion lessens the specific gravity.

(6) *Chemical Reaction*.—This may be acid, alkaline, or neutral. Normal urine is slightly acid, turning blue litmus-paper red. If the alkalinity is fixed, the litmus paper will stay red. Alkalinity is due to alkali of potassium or sodium. Acidity is due to acid sodium phosphates. Ammoniacal urine is alkaline.

The constituents of urine are: *Organic*—urea, uric acid, coloring matter; *Inorganic*—sulphates, carbonates, chlorides.

#### *Organic Constituents.*

Urea is effete matter derived from tissues, a result of tissue waste taken up by lymph and blood and carried to the kidneys, and is excreted by the kidneys and sweat-glands. The quantity of urea in urine is from three hundred to six hundred grains in twenty-four hours. The chief organic principle is uric acid, of which there are six or seven grains in twenty-four hours. This in urine may be compared to albumin, as in gastric digestion. The coloring matter is urobilin, and is derived from the bile and blood, and increases in color in fevers. Uric acid is a transitional product between waste of tissues and urea.



*Inorganic Principles.*

Sulphates are in urine, as in blood, in small quantities; there are few carbonates.

Phosphates appear in two forms—the earthy, soluble in alkaline solutions, and the non-earthly, soluble in acids.

Chlorides, most abundant, disappear almost in febrile cases.

Urine contains (1) albuminoids or proteids and (2) carbohydrates, as glucose or grape sugar, this appearing largely in diabetes.

In the first division there are found (3) serum albumin, (4) serum globulin, (5) fibrin. Hemoglobin when red corpuscles are destroyed, as in malarial fever. There are three tests for albumin in urine: (1) Heat and nitric acid, or heat alone; (2) nitric acid; (3) chloride of sodium and acetic acid, the last way being greatly preferred. There are also three tests for glucose, or grape sugar: (1) Fehling's; (2) bismuth; (3) ferment, the latter being the most reliable.

(To be continued.)

COLUMBIA UNIVERSITY IN THE CITY OF NEW YORK—TEACHERS COLLEGE

SPECIAL COURSE IN HOSPITAL ECONOMICS—1902-1903

OFFICERS.

JAMES E. RUSSELL, Dean.

HELEN KINNE.....	Professor of Domestic Science.
MARY L. D. FORREST.....	Instructor in Domestic Science.
LAURA B. WHITTEMORE.....	Assistant in Domestic Science.
CHARLOTTE M. WAY.....	Laboratory Assistant.
HERMAN VULTE, PH.D.....	Lecturer on Household Chemistry.
ANNA L. ALLINE.....	Assistant in Hospital Economics.
MRS. HUNTER ROBB	} ....Lecturers on Hospital Economics.
MISS M. M. RIDDLE	
MISS M. A. NUTTING	
MISS EVA ALLERTON	
MISS MAUD BANFIELD	

COURSE IN HOSPITAL ECONOMICS.

At the request of the American Society of Superintendents of Training-Schools for Nurses, Teachers College offers a special course in Hospital Economics. The course has for its purpose the preparation of trained nurses who have the necessary qualifications for teachers in training-schools for nurses. Its aim is eventually to attain uniformity in curriculum and training-school methods, which shall make the standing of a trained nurse practically the same from any



training-school connected with a general hospital in the country, and also in the course of time to be able to supply thoroughly trained superintendents to take charge of hospitals and training-schools.

The American Society of Superintendents of Training-Schools for Nurses is responsible for the development of this course, and in order to secure a careful selection from candidates it has appointed a Board of Examiners of experienced superintendents, whose duties are to receive the names of all candidates for the teachers' course and to endorse them. They decide upon their qualifications as practical trained nurses, examine their certificates, and receive a full statement from the superintendent of the school from which they graduated as to the candidate's qualifications to become a superintendent. In addition to these requirements the Board of Examiners require (a) evidence of the satisfactory completion of an approved course (1) in a secondary school, normal school, or college and (2) in a nurses' training-school, this to include evidence of satisfactory work in anatomy, physiology, materia medica, applied bacteriology, urine analysis, together with a general knowledge of practical nursing obtained by a two- or three-year course in a general hospital; and (b) that the candidate enter Teachers College for the full academic year of about eight months, and that she will before this term spend from three to four months in doing private duty. Then, after this year of extra preparation, having passed the required examination satisfactorily, she will receive a certificate as a qualified teacher for a training-school for nurses, such certificate to be signed by the dean of Teachers College.

#### ADMISSION.\*

##### GENERAL REGULATIONS.

1. Each candidate must present to the college a recommendation for admission from the Board of Examiners, certifying to the moral character of the applicant and her qualifications for undertaking professional work.
2. No candidate can be admitted who is not in good physical condition.
3. Students admitted to any class are held on probation until the end of the first half-year. Any student who fails to pass in at least one-half of her work during this period of probation will be dropped from the roll of the college.
4. All students are required to present themselves for registration on Thursday, Friday, or Saturday of the week preceding the first Monday of October in each year. Enrollment at a later date is permitted only to those who obtain the consent of the appropriate committee, good cause for the delay having been shown. The presence of all students is required on the day immediately following the close of all vacations and recesses.
5. All matriculated students in the Hospital Economics Course are under the charge of the standing Committee on Undergraduate Students. At the time of registration each student must file with the registrar a list of studies for the year, approved by this committee of the faculty. No change will be permitted in such registered lists except with the consent of the committee, and no credit will be allowed for any course not approved and registered in this manner.
6. All fees for the first half-year must be paid to the cashier of Teachers College on or before the last Saturday in October, and all fees for the second half-year on or before the third Saturday in February. No official record is made of a student's work until her matriculation fee is paid.

\* For directions for making application for this course, see page 606.



## COURSE OF STUDY.\*

Required (eight points) : †

PSYCHOLOGY **A**—Elements of psychology, *and*

EDUCATION **10**—Educational psychology—(together) three points.

HOSPITAL ECONOMICS **10**—Methods and practice—one point.

HOSPITAL ECONOMICS **12**—Hospital and training-school organization and supervision—two points.

PHYSICAL EDUCATION **10**—Applied anatomy and physiology—two points.

Elective (seven to ten points) : These courses are recommended:

BIOLOGY AND PHYSICAL EDUCATION **3**—Physiology and hygiene—two points.

BIOLOGY **12**—Bacteriology—one point.

DOMESTIC SCIENCE **10**—Foods—two points.

DOMESTIC SCIENCE **11**—Foods, advanced course, dietetics—one point.

DOMESTIC SCIENCE **12**—Food production and manufacture—two points.

DOMESTIC SCIENCE **14**—Household chemistry—two points.

HISTORY **10**—Economic and social history of the United States—two points.

## SUBJECTS OF THE COURSE.

The subjects enumerated in the course of study are, with the exception of Hospital Economics **10** and **12**, regular courses of the college. Teachers College is a professional school for the training of teachers; hence its work is directed towards teaching, even in courses which are usually offered in colleges and universities. Some of these courses are intended especially to lay the foundations for a scientific theory of education; others are directed towards the practical work of teaching, and yet others seek to give the intending teacher a better knowledge of the subjects to be taught.

The courses which are chiefly professional are Psychology **A** and Education **10**. In these courses the student is introduced to some of the most important topics in psychology and is led by experiment and observation to apply the fundamental psychological principles to instruction and the general conduct of school work. Education **10** will present the general principles that control successful teaching so far as such can be derived from psychological laws and from the study of school practice. It will aim to prepare students for general classroom work and for the courses in the methods of teaching the separate subjects. The work in the division for students in Hospital Economics course will be specialized so far as possible to meet the needs of the class.

The various courses in Biology and Domestic Science are intended to broaden the student's knowledge of the fundamental principles of science and to give her practical direction in making this knowledge of service in teaching. The courses in Hospital Economics, which are carried on under the direction of the Committee of the American Society of Superintendents of Training-Schools for Nurses, aim

\* Students who can satisfy the requirements in any of the prescribed subjects may elect other subjects of equal credit in any department of the college with the approval of the dean and the professor concerned.

† In this circular the credit given for courses is scheduled in *points*. One point represents one hour of class work per week throughout the year. Two hours of practical work, as in the shop, laboratory, or school-room, count as one hour of class work.

For detailed statement of courses, see page 599. For further general information concerning Teachers College, see "Announcement of Teachers College," a copy of which will be sent on application to the secretary.



to present the practical problems of hospital administration and to give students systematic instruction in the organization and management of training-schools for nurses.

The general supervision of this course will be in the hands of a trained teacher, who will supplement the work of the special lectures and conduct such excursions and field work as may be found necessary in the successful pursuit of the course. Thus it is proposed during the year to make careful studies of the following subjects:

Laboratories: preparation of culture media; isolation and culture of bacteria; preparation of anti-toxines. Milk Laboratories: modified milk; sterilized milk; Pasteurized milk. Dairies: source of bacteria in milk; effect of bacteria on milk. General hospital. Private hospitals. Special hospitals. Training-schools. Small general hospitals. Insane asylums. Dietary on scientific basis in an insane asylum. Operating theatre: sterilizing plant; preparation for operation; detail work of clinic. Philanthropic organizations: relations to the nursing profession.

#### DETAILED STATEMENT OF COURSES OF INSTRUCTION.

**HOSPITAL ECONOMICS 10—METHODS AND PRACTICE.**—Observation, conference, discussion, and practical work. One point. Hours to be arranged.

This course is designed to meet the needs of teachers in training-schools for nurses. It discusses the principles which underlie training-school work and provides opportunity for the practical application of these principles in teaching.

Required of special students in hospital economics.

**HOSPITAL ECONOMICS 12—HOSPITAL AND TRAINING-SCHOOL ORGANIZATION AND SUPERVISION.**—Lectures, Essays, and discussions. Two points. Hours to be arranged.

This course deals with the problems connected with the organization and management of training-schools and hospitals. The following topics will indicate its general scope: 1. Training-school organization and management,—construction and equipment, planning of the curriculum with special reference to securing a uniform course in the various schools, instruction and grading of students, and all other matters connected both with material and with educational interests. 2. Hospital organization and management,—construction and equipment, organization of ward work, relations to trustees and hospital staff, and other requirements in general administration.

Required of special students in hospital economics.

**PSYCHOLOGY A—ELEMENTS OF PSYCHOLOGY.**—Lectures, practical exercises, and recitations. One and a half points. Professor Thorndike and assistants. Hospital Economics Section (first half-year only) Monday, Wednesday, and Friday at eleven-thirty.

Required of special students in hospital economics.

**EDUCATION 10—EDUCATIONAL PSYCHOLOGY.**—One and a half points. Professor Thorndike. Hospital Economics Section (second half-year only) Monday, Wednesday, and Friday at eleven-thirty.

This course will present the general principles that control successful teaching so far as such can be derived from psychological laws and from the study of



school practice. It will aim to prepare students for general class-room work and for the courses in the methods of teaching the separate subjects.

Required of special students in hospital economics. Prerequisite: Psychology A.

BIOLOGY AND PHYSICAL EDUCATION 3—Lectures, recitations, and laboratory work. Two points. First half-year, physiology—Professor Lloyd and Dr. Bigelow. Second half-year, personal hygiene—Professor Wood. Monday and Wednesday, nine-thirty to eleven-thirty.

The first part of this course involves a study of the activity of cells, tissues, and organs in various organizations, both plants and animals, including man. The second part of the course considers personal health as a problem in vital economics; the human body as an organic machine and the aim of personal hygiene to be the provision of the most efficient body mechanism for the life-needs of the individual. The topics include the argument for the careful study of health and hygiene; ideals of health influencing different peoples; structure and functions of the human body; changes in the organism due to evolution and civilization and the health problems arising from these changes; conditions necessary to the perfect state of the body and the activity of the various functions; causes of weakness, injury, degeneration, and disease; improvement of health and prevention of disease by hygienic means.

DOMESTIC SCIENCE 10—FOODS.—Lectures, laboratory work, essays, and collateral reading. Four points. Mrs. Forrest and assistants. Mondays and Wednesdays, one-thirty to four-thirty, and Fridays at one-thirty. Laboratory fee, seven dollars.

This course covers the following general topics: Composition and nutritive value of foods; fundamental principles and processes of cookery; comparative study of fuels and cooking apparatus. It is designed to give a thorough knowledge of theory and practice in cooking, and to aid the student in arranging subject-matter for teaching. Special attention is given to scientific methods of laboratory work, and to the adaptation of such methods to the school.

DOMESTIC SCIENCE 11—FOODS, ADVANCED COURSE.—Four points. Professor Kinne, Mrs. Forrest, and assistant. Tuesdays and Fridays, nine-thirty to twelve-thirty, and Tuesdays at two-thirty. Laboratory fee, ten dollars.

This course elaborates and applies the principles established in Course 10. It takes up advanced cookery; preservation of food; cookery for invalids and children; food values and dietaries; planning, cooking, and serving of meals; a waitresses' course and marketing.

Prerequisite: Domestic Science 10 and 12.

Students admitted to advanced standing may elect either half of the course separately. *The lectures on dietetics may be elected alone, counting as one point.* Advanced students will have opportunity for special research in dietetics.

DOMESTIC SCIENCE 12—FOOD PRODUCTION AND MANUFACTURE.—Lectures, laboratory work, reading, and excursions. One point. Dr Vulté. Thursdays, nine-thirty to eleven-thirty.

This course is complementary to Course 10, covering the following special topics: the production of food materials, such as dairy products, manufacture of flours, cereals, spices, etc.; food adulterations and other processes in the preparation of food materials.



**DOMESTIC SCIENCE 13—HOME SANITATION AND ECONOMICS.**—Conferences, lectures, laboratory work, and collateral reading. Two points. Mrs. Forrest. Wednesdays, nine-thirty to twelve-thirty.

This course embraces the following subjects: first half-year—situation and structure of the house, water supply, disposal of waste, heating and ventilation, lighting, healthful furnishing, cleansing of the house; second half-year—development and organization of the home and its adaptation to modern conditions, systematic methods of housekeeping, the cost of living and household accounts, domestic service.

Students admitted to advanced standing and candidates for the Master's diploma may elect either half of the course separately.

**BIOLOGY 12—BACTERIOLOGY.**—Lectures and laboratory work. One point. Professor Lloyd and Dr. Bigelow. Mondays and Wednesdays, nine-thirty and eleven-thirty.

This is a course in applied bacteriology. The lectures, which are associated with practical laboratory work in illustration of the themes, deal with the nature of bacteria and the methods of isolation and recognition of species; the part which bacteria play in nature, and the industrial uses to which they are put; the bacteria of air, water, ice, milk, and foods generally; the methods of sterilization and disinfection; the relation of bacteria to plant and animal disease, and, in connection with this, certain phases of hygiene and household sanitation, and the care of the sick.

This course is given during the second half-year in connection with Biology 3. Students who elect this course must make arrangements with the instructor in advance.

**DOMESTIC SCIENCE 14—HOUSEHOLD CHEMISTRY.**—Lectures, reading, and laboratory work. Two or three points. Dr. Vulté. Tuesdays, nine-thirty to twelve-thirty; Fridays, two-thirty to four-thirty. Laboratory fee, five dollars.

This is a course of instruction designed to present the study of the principal food products, such as sugars, starches, proteids, animal and vegetable fats, water and mineral salts, special attention being given to the changes taking place during the operations of cooking, and to the analytical tests applied to them; the chemical aspects of fermentation and putrefaction, prevention of the same by chemical means and sterilization; corrosive action of food constituents, acids, etc., on utensils; saponification, action of detergents, hard and soft water; testing of milk, butter, cheese, water, etc., for purity; the chemistry of fuels and illuminants.

Students who elect this course as three points must arrange with the instructor for extra hours for laboratory work before registration.

**PHYSICAL EDUCATION 10—APPLIED ANATOMY AND PHYSIOLOGY.**—Lectures, demonstrations, reports, and discussions. Two points. Professor Wood. Mondays and Wednesdays at three-thirty.

This course deals with the methods of teaching anatomy and physiology in training-schools for nurses. The demonstrating materials include skeletons, dissected specimens, and the best French manikins. Students have practice in conducting demonstrations and quizzes, and presenting topics to the class. Time is given to the discussion of the methods of teaching and the best materials and books for use in class work. Papers are prepared on assigned topics.

Required of special students in hospital economics.



## SYLLABUS OF SPECIAL LECTURES ON HOSPITAL ECONOMICS.

## I.—HISTORY OF HOSPITALS.

Three lectures by Miss M. A. Nutting, Johns Hopkins Hospital, Baltimore, Md.

*A Brief History of Medicine and Foundation of Hospitals from Earliest Records of History up to Christian Era.*

The systems of medicine of ancient civilizations:

Egyptian and Jewish medicine:

The Mosaic laws—Comparison with sanitary and hygienic measures of to-day

Hindu medicine:

The Bramins and Buddhists—First authentic record in the history of hospitals.

Greek medicine:

The Gods of medicine and their temples; pilgrimages thither of the sick. Superstitions, charms, incantations.

Roman medicine.

The establishment of Christianity—First beginnings of institutional life:

Hospital foundations at Cæsarea, Constantinople, Alexandria, etc.

First foundations in France.

Dependencies of religious establishments.

Study of the ecclesiastical machinery of that period.

The Hôtel Dieu at Paris—Outline of its history.

The Middle Ages:

The Crusade—Religious orders and their institutions.

The Knights of St. John of Jerusalem—Their system of hospitals.

Lazarettos—St. Giles—Cripplegate.

English hospitals:

First founded at Canterbury—St. Bartholomew's in 1100—St. Thomas's—Christ's Hospital—Guy's.

The Reformation and gradual emancipation of hospitals from ecclesiastical control.

Brief sketch of Military Hospitals:

Origin and growth—Florence Nightingale—Kaiserswerth.

Record of Ancient Foundations in America:

In Mexico—Canada.

The Hôtel Dieu of Quebec and of Montreal.

United States:

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"On the Construction and Management of Hospitals." Dr. Jacobi.

## II.—HOSPITAL CONSTRUCTION, SANITATION, AND VENTILATION.

Four lectures by Miss Eva Allerton, Rochester Homœopathic Hospital, Rochester, New York.

Hospitals: Temporary; Permanent.

Location: City—Country.

Drainage—Plumbing—Heating—Lighting—Water supply—Ventilation—Humidity.

Structure.

Kitchen—Laundry.

Serving-rooms—Toilet-rooms.

Contagious Hospitals.

Tuberculosis Hospitals.

Disinfection of Hospitals.

## HOSPITAL ECONOMICS.

### III.—HOSPITAL ADMINISTRATION.

Eight lectures by Miss Maud Banfield, Polyclinic Hospital, Philadelphia, Pa.  
Organization:

Sketch of method of government of hospitals in England, France, Germany, Italy, Austria—Hospitals as carried on by religious orders to-day.

Usual organization of American general hospitals.

Governing bodies: The trustees, governors, or Board of Management.

Committees of the trustees: Executive, House, Property, Finance.

Faculty and medical staff—Relation of the trustees thereto.



The Superintendent—Qualifications.

Relation and responsibility to trustees, faculty and medical staff, regular hospital staff, patients.

Duties of superintendents.

Outline of domestic organization.

Departmental business relating to the trustees.

Appropriations and expenditures. State aid.

"Political pull." Ordinary receipts.

Appeals for aid. Advertising.

General control of finance. Office work and organization.

Voucher system. "Uniform system of accounts."

Comparative cost of dispensary patients.

Check system of authorizing expenditures.

Drug Store:

Receipts and expenditures.

Stock—Manufacturing.

Drugs which deteriorate with keeping.

Prescriptions, at cost, profit, and free—Method of checking up.

House, medical and surgical supplies, cotton, glassware, etc.—Estimates and card catalogue for same—Fluctuations of the market—Cash register.

The apothecary employed, and his commissions from drug houses, etc.

Machinery supplies—with a word as to cotton waste.

Buying—Dealing direct with wholesale houses—Through travelling salesmen—Methods to be observed.

Relation of superintendent to college department, laboratory department.

Central business office—Versus distinctly separate administrations.

Private hospitals—Nurses in charge of independent nursing homes.

#### IV.—TRAINING-SCHOOL ADMINISTRATION.

Four lectures by Isabel Hampton Robb.

The trained nurse in relation to large and small hospitals.

Division of hospital administration.

The nursing department:

Its relation to the other departments.

Its head—Her proper title, qualifications—Personality—Education—Standards—Business qualifications.

Her authority—Its limit—Effect of divided authority—Her relations to a Training-School Committee—Importance of having her own and other official positions clearly defined.

Duties of the head of the nursing department:

Office—Ward—Home—Teaching.

Duties in relation to the domestic department.

Organization of the nursing department: Nursing staff, grades, duties, classified division of work, ward work.

Theoretical and practical instruction.

The accepting and rejecting of probationers: Methods of selection; uniform requirements.

Superintendent's relation to her staff and pupils.

Nursing ethics: For the pupil; for the graduate.



V.—TRAINING-SCHOOL ADMINISTRATION (CONTINUED).

Four lectures by Miss M. M. Riddle.

The Superintendent of Nurses and Matron:

Duties in the nursing department.

Duties in the domestic department.

Duties of assistants.

Salaries.

Division of work in wards: Head nurse, night nurse, day nurses, orderly, ward maid.

Hours: On duty, off duty, Sundays, vacations, time lost.

Placing of pupil-nurses in wards.

Length of service in each—how governed.

Terms of night duty.

Division of work in Domestic Department:

Kitchen—Diet kitchen—Storeroom—Linen-room—Laundry—Cleaning of corridors—Outlying buildings—Nurses' home.

Supplies: Ordering of; methods of exchange.

Book-keeping: Records of candidates; records of probationers; records of pupils; records of head nurses; records of reports, business with trustees, etc.; records of supplies placed in wards, etc.; book-keeping in house departments.

FEES AND EXPENSES.

For matriculation, five dollars; for tuition, one hundred dollars.

Students who take laboratory courses will be required to pay a special fee for supplies and materials. *It is proposed to make a uniform rate for tuition, after July 1, 1903, of one hundred and fifty dollars per annum in all courses.*

Students' entire expenses have been found to vary from three hundred and twenty-two dollars to five hundred and sixty-one dollars and upwards, averaging about four hundred and fifty dollars.

DORMITORY.

BONGFELLOW AND WHITTIER HALLS.

During the past year the Morningside Realty Company has erected a handsome fireproof building adjoining Teachers College for the purpose of giving to the women students of the college comfortable accommodations at moderate rates. Every room is outside and entirely light, and the arrangement is such that they may be rented singly or in suites of two or three. There are also a limited number of suites consisting of two rooms and private bath. The building is heated by steam and lighted by electricity. There is a complete elevator system, a steam laundry equipped with all the modern machinery, and shower, needle, and tub baths. The public parlors and reception-rooms are on the main floor, and there are also small parlors on each of the sleeping-floors. The main dining-rooms and restaurant are on the top floor, and command wide outlooks over the city and the North and East Rivers. A house-mother is in residence, who is accessible to the students at all times. In addition to the dormitory, which occupies the central portion of the building, there are also a number of apartments in the two end sections, consisting of seven and eight rooms and bath, which are fitted for housekeeping and can be occupied by families. The entrances to the apartments are entirely distinct from those to the dormitory portion of the building.

The prices for single furnished dormitory rooms range from seventy dollars



to one hundred and forty dollars for the school year (approximately nine months), and these include heat, light, and ordinary care. Furnished suites consisting of two bedrooms and study vary from two hundred and twenty-five dollars to three hundred and ten dollars per academic year; and suites of two bedrooms and bath from three hundred and twenty-five dollars to four hundred and twenty-five dollars for the same term. Rents are payable half-yearly in advance. Table board in the dining-rooms is furnished to tenants in the dormitory at the most reasonable rates possible. A descriptive circular with diagrams will be sent to any address on application to the Morningside Realty Company, 1230 Amsterdam Avenue, New York City.

#### APPLICATIONS.

It is desired that all applications be made during the spring and early summer. For application papers apply to the chairman of the Board of Examiners, Miss Banfield, Polyclinic Hospital, Philadelphia, Pa.

#### ACADEMIC CALENDAR.

- 1902—October 2—Thursday, }  
 October 3—Friday, } Registration days.\*  
 October 4—Saturday, }  
 October 6—Monday. First half-year begins.  
 October 11—Saturday, } Fall examinations for deficient or debarred stu-  
 October 10—Friday, } dents.  
 October 25—Saturday. Last day for payment of first term fees.  
 November 4.—Tuesday. Election Day, holiday.  
 November 27.—Thursday. Thanksgiving Day, holiday.  
 November 28—Friday. Holiday.  
 November 29—Saturday. Holiday.  
 December 22.—Monday  
 to  
 1903—January 3—Saturday, inclusive. Christmas holidays.  
 January 5—Monday. Exercises of the University resumed.  
 January 26.—Monday. Mid-year examinations begin.  
 February 7—Saturday. First half-year ends.  
 February 9—Monday. Second half-year begins.  
 February 12—Thursday. Lincoln's Birthday, holiday.  
 February 21—Saturday. Last day for payment of second term fees.  
 February 22—Sunday. Washington's Birthday.  
 February 23—Monday. Holiday.  
 February 25—Ash Wednesday, holiday.  
 April 10—Good Friday, holiday.  
 May 18—Monday. Final examinations begin.  
 May 30—Saturday. Memorial Day, holiday.  
 June 7—Sunday. Baccalaureate Sermon.  
 June 8—Monday. Class Day.  
 June 10—Wednesday. Commencement Day.  
 October 5—Monday. First half-year begins.

\* It is advisable to register upon October 2 or 3, leaving October 4 to complete other arrangements.



DONATIONS RECEIVED SINCE JUNE 1, 1901, TOWARDS EXPENSES OF  
TEACHERS COLLEGE COURSE, COLUMBIA UNIVERSITY.

Mrs. Sullivan, \$100; Miss D. Kimber, \$100; Illinois Training-School Alumnae, \$100; Mrs. H. W. Sibley (through Miss Allerton), \$25; Mrs. J. S. Watson (through Miss Allerton), \$25; Mrs. Granger A. Hollister (through Miss Allerton), \$25; Miss E. C. Watson (through Miss Allerton), \$25; New England Hospital Alumnae, \$20; Mrs. I. H. Robb, \$10; Miss H. E. Dodge, \$10; Miss I. H. Sutcliffe, \$10; Miss L. Richards, \$10; Miss M. Banfield, \$10; Miss P. L. Dolliver, \$10; Miss M. E. P. Davis, \$10; Miss A. G. Clement, \$10; Miss M. McMillan, \$10; Miss M. A. Snively, \$10; Miss M. S. Gilmour, \$10; Miss I. F. Giles, \$10; Miss McKechnie, \$10; Miss McDonnel, \$10; Miss M. M. Riddle, \$10; Miss A. Gorman, \$10; Miss A. L. Alline, \$10; Five Friends, \$14; Miss C. C. Phelps (through Mrs. Robb), \$5; Miss Larned (through Mrs. Robb), \$5.





## BOOK REVIEWS



DOROTHEA LYNDE DIX. 1802-1887.

By no means a new book is Francis Tiffany's "Life of Dorothea Lynde Dix," yet I venture to say there are many of us who know too little of the woman, the story of whose splendid achievements forms, under Mr. Tiffany's hand, a tale to interest every earnest soul who rejoices in successful effort to help the helpless. Here are lessons for all, from the one whose only opportunity is to help the lame dog over the stile, to the legislators who stand guard over the institutions of our land in providential watchfulness. Finding himself swamped in a huge and chaotic correspondence which Miss Dix never meant to go into publication, Mr. Tiffany feels he can allow all of it to go by and let the actual existing monuments of her untiring zeal, her unflagging patience, speak for themselves—and speak they do to the very hearts of his readers as he holds up, with splendid effect, picture after picture for us to look at and to learn from.

One catches the spirit of the biographer, who claims for his own country all the glory one naturally looks for far back in remote years and distant countries,—St. Theresa of Spain, he says, or Santa Chiara of Assisi. Their amazing works, their wonderful lives, are paralleled by this gentle New England old maid of our own time, or so near to it that we may claim her. One passes, not without pity, the early years of a life hemmed in by severest discipline: the child who passionately throws away her hateful task of binding and sewing ranting tracts, and accepts in preference to her father's disordered household the stern order of her grandmother; the young school-mistress at fourteen, her sleeves lengthened and her hair done grown up—to command the respect of her pupils, of which she was so sensitive; even the time when she reaches the acme of her early ambition, and, as mistress of her own boarding-school, tries to bring the varying standard of her average pupils to the level of her own character. Even here, her desire gained, she is heart hungry—all the influences of the social condition of her time tend to lead only to starvation pastures. Her health gives way, and at thirty-four years of age comes one of those breaking-up times in life that seems like the end of all things, while it is in reality the starting-point of new, vigorous growth. Two years of life in England, by no means idle, and she is back in her native land, fairly well and strong. A small source of revenue formed partly by her own savings and partly from a legacy from her grandmother makes it possible for her to look about her and apply her energies where they will find scope. She enters an open door by the veriest chance,—sees somewhat amiss in the East Cambridge House of Correction, and pursues her investigations to the jail of the city. The sight of the shivering misery of the few insane inmates sets her thinking. She procures a fire for these, but the thought has entered her mind—she will see how others fare. Note-book in hand, she starts forth and begins an investigation of prisons, almshouses, houses of detention of whatever character they may be,—wherever in the State of Massachusetts there were to be found insane or helpless deficient-minded beings, either under care of hired or State keepers, or kept under restraint by friends and relatives. Two years of hard and patient labor in Massachusetts brought her before the Legislature with a "memorial" setting forth abuses almost incredible in num-



ber and magnitude. She is immediately assailed by the great pack of traders in human misery, keepers, minders, nurses; a great cry of adverse criticism arises; there is stone-throwing and dust-raising. Miss Dix stands firm; every charge is substantiated and sworn to by witnesses. She has done her work so that her foes find it hard to make any headway against it, and, moreover, a great army of friends and sympathizers rises up and comes flocking to her support, rejoicing in the prospect of casting out of the State the reproach of having their "insane confined in cages, cellars, closets, pens; chained, naked, beaten, lashed into obedience." The bill for "immediate relief" is carried by a large majority. But no reaction follows this glorious success.

Rhode Island is next attacked; there she but repeats the tale of Massachusetts, and so through each State as she takes it up—asylums built, conditions for the insane miraculously changed. She sets her hand to a larger scheme.

There is no story in fiction more thrilling than that of Miss Dix's twelve-million-acre land bill, the sale of public lands for the benefit of the insane, blind, deaf, and dumb. Summer heat and winter cold she braved, electioneering, working, praying, hoping, and is justified by her success, for her bill passed in the Senate but was vetoed by the President. Mr. Tiffany does not explain satisfactorily, to one reader at least, the arbitrary action of the President in vetoing the bill of his Senate.

To recover from this blow Miss Dix made her second journey across the Atlantic, where we find her ordering ministers of State as lackeys, moving the Queen of England by proxy, and the Pope of Rome by personal interview, calling to the mightiest in every land to look to the feeble, the helpless. The concessions made by these conservative old-world peoples of privileges and castes she is perfectly oblivious to.

But once again back in America. When the poor, unshaven, shabby host of a road-house in Texas refuses with emotion expressed in expletives to take payment for her dinner, and asks only that he and his children may shake her hand, tears come to her eyes at the "kindness of everybody."

It is with the kindest, gentlest of touches that Mr. Tiffany passes over her career as chief executive of nursing during the Civil War. We follow his example and disdain detraction, yet it seems only natural and right that one whose whole life was spent in making the crooked straight, the rough places plain, bringing order out of chaos, should be out of her proper element in serving in any capacity the great misery and disorder-making machine that war must ever be.

But read the book. No rapid skimming flight over the events it chronicles begins to give any adequate idea of the far-reaching, splendid success attained by the subject of it, who is at once the gentlest and most powerful lady in the land.

M. E. C.

THE second edition of Miss Kimber's well-known "Text-Book on Anatomy and Physiology for Nurses" has appeared. This book, which has become a classic among nurses' text-books, and which is in wide and general use, is too well known to need a full review. The material has been recast, and in certain chapters largely rewritten, Dr. Percy M. Dawson, of the Johns Hopkins University, having assisted in the whole revision, and especially in the chapter on the nervous system, so extensively that Miss Kimber in her preface says she would have been glad to place his name with hers on the title-page. A number of new drawings have been made specially for this edition, including ten original ones by Dr. Dawson.



# NOTES FROM THE MEDICAL PRESS

IN CHARGE OF

ELIZABETH ROBINSON SCOVIL



DISCOVERY OF CHLOROFORM AND ETHER.—The *Journal of the American Medical Association* states in answer to a correspondent that chloroform is said to have been discovered in 1831 independently by Leibig, Soubeiran, and Guthrie. Its chemical composition was first determined by Dumas in 1834. Chloroform was experimentally studied by Flourens in 1847, and was first employed in surgical anæsthesia on November 15, 1847, by Sir James G. Simpson in Edinburgh. It had previously been used in obstetrics.

Ether was discovered, it is said, by Valerius Cordus in 1540, and was called by him *oleum vitrioli dulce*. Another authority says that the substance was discovered by an Arabian chemist, Djabar Geber, and its method of manufacture by Dr. Michael Morris. It was employed as early as 1785 as an inhalation for asthma, and its narcotic properties caused it to be used in the treatment of phthisis early in the nineteenth century. About 1840 it was common among medical students to inhale ether in order to experience the exhilarating effects. In 1842 Dr. Crawford W. Long, of Jefferson County, Ga., administered ether for the removal of a small tumor and for several subsequent minor operations. William T. G. Morton, a dentist of Boston, also claimed to have been the first to employ ether as an anæsthetic, and he administered ether on October 17, 1846, in the Massachusetts General Hospital, Boston, for Dr. Warren.

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INFANTILE GASTRO-INTESTINAL AFFECTIONS.—The same journal gives a synopsis of an article on this subject from the *Brazil Medico* of Rio Janeiro. It says Meirelles claims that the diagnosis of gastro-intestinal affections should be based on the chemical reaction of the saliva, stomach contents, or stools, and not on the clinical demonstrations of gastritis, enteritis, and diarrhœa. Infantile gastro-intestinal disturbances are rarely idiopathic. Fully ninety per cent. are due to the contents rather than to the alimentary canal itself. He determines the acidity or alkalinity of the saliva, vomitus, or stools with litmus paper, and treats the disturbances by merely neutralizing the excess of either acid or alkali. He has been treating infants for nine years on these principles with invariable success. It is a scientific method, and sweeps away at one stroke all the confusion of gastritis, colitis, and all other terms which express in reality merely the results of excessively acid or excessively alkaline conditions. He has found a two per cent. solution of lactic acid effectual in restoring abnormally alkaline conditions to normal, while in case of a very acid reaction he administers every hour a teaspoonful of a mixture consisting of sixty grammes of fluid magnesia, two grammes of soda bicarbonate, and 1.5 grammes of sodium salicylate. He does not give milk for twelve hours and keeps the child on water in severe cases. The alkaline mixture is given before and after taking well-alkalinized milk. Boas has pointed out that the albumenoids are well digested in a hyperacid medium, while the carbohydrates and fats are imperfectly digested.



The neutralization is supplemented, of course, by calomel and other measures as indicated by the individual case. In case of stomatitis or other lesions of the mouth, an excessively acid saliva maintains them. The mouth should be disinfected, but not with boric acid, as this directly adds to the acidity and aggravates the lesion. A good mouth-wash in such acid cases is six parts each of sodium salicylate and borax in two hundred parts of water. When the vomitus or stools, or both, give an alkaline reaction he administers a teaspoonful of a two per cent. solution of lactic acid every ten or fifteen minutes. He adds to his communication the case report of an adult cured on these principles with prompt cure of the gastro-intestinal affection.

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NON-ALCOHOLISM IN GREECE.—The *Greece Medicale* of Syria calls attention to the fact that although the use of light wines is almost universal in Greece, alcoholism is practically unknown there. The purity of the wine drunk is supposed to account for this. It is made exclusively from grapes, and so contains the most harmless form of alcohol. There was no word for alcoholism in the ancient Greek language, showing that the condition was unknown.

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NAUSEA AND VOMITING AFTER ETHER.—Dr. Ralph J. Hess has a paper on this subject in the *Medical Record*, in which he attributes the vomiting to the excretion of ether by the mucous membrane of the stomach acting as a gastric irritant and later producing gastritis. To prevent this effect the ether should be diluted as it is excreted. A glass of water drunk immediately before the ether is given serves to hold in solution considerable ether. Limiting the amount given and the strength of the vapor is also an important factor.

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A NEW ANÆSTHETIC.—The *Philadelphia Medical Journal* mentions a new anæsthetic, acoine, which it says is destined to rival cocaine, morphine, chloral, and other anæsthetics. A drop upon a gnawing tooth diminishes pain. It is claimed that it is not toxic. Its properties were recently reported to the French Academy of Medicine by Dr. Chauvel, based upon experiments.

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BURNING WITH A HOT-WATER BAG.—A suit which is of interest to nurses has just been tried for the fourth time. The *Boston Medical and Surgical Journal* says Miss Helen Ward brought suit against St. Vincent's Hospital to recover thirty thousand dollars damages for injuries alleged to have been received by improper treatment at the hospital. This resulted on March 21 in a verdict in her favor for nineteen thousand four hundred and twenty dollars, which includes an allowance for counsel's fees. Miss Ward, who is a sister-in-law of ex-Judge Howland, had an operation performed on one of her legs while she was a private patient at the hospital, and after the operation a nurse carelessly allowed a hot-water bag to remain in contact with the limb, in consequence of which, it was claimed, permanent injury had resulted. At the first trial of the suit the case was dismissed; the second resulted in a disagreement of the jury; on the third trial she secured a verdict for ten thousand dollars. The case was then appealed, and the Appellate Division reversed the judgment on the ground that the hospital was not bound to provide a patient, even though a private patient, with its best nurse, and ordered a new trial, which resulted as above.



SHOULD MILK BE BOILED?—Dr. W. R. Ransom, in the *British Medical Journal*, says there is no solid evidence to show that milk raised to its boiling-point or to the temperature of boiling water for ten minutes or a quarter of an hour suffers any loss of its nourishing qualities. Nor if it is consumed within twenty-four hours is it likely it will cause infantile scurvy. The same is true of Pasteurized milk. None of these methods render the milk absolutely sterile, but they do kill the majority of the germs. If the milk is kept cool and used within twelve hours few or no spores will have developed into bacilli. Heating to 212° F. or the boiling point is the most reliable and effectual process. In times of epidemic summer diarrhœa the heating should be prolonged for at least half an hour and the milk drunk within a few hours, or subjected again to the process, as the spores of the bacillus sporogenes enteriditis have great resistive powers. Milk, whether raw or sterilized, should be drunk as fresh as possible to diminish the liability to diseases of the stomach, intestines, and of nutrition. Infants should never be exposed to the dangers that lurk in raw milk.

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STERILIZING CATHETERS.—In the same journal there is a valuable contribution by Dr. F. J. Cotton, recommending two methods of sterilizing gum-elastic catheters and bougies. First by boiling them in a saturated solution of ammoniac sulphate or of common salt. He claims that all the gum-elastic catheters, bougies, and filiform bougies usually sold may be boiled in either of these solutions repeatedly and for long periods without essential damage. He thinks that these methods are fitted to remove the reproach of gum-elastic instruments that they are not sterile and to make them as thoroughly aseptic as metal instruments.

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ANTISEPTIC DRESSING.—Dr. Sharpe in the *New Orleans Medical and Surgical Journal* describes an antiseptic dressing consisting of gum-camphor and carbolic acid triturated together until they form a liquid. Olive oil is added in a proportion of one part of the liquid to three or six of olive oil, in which it is soluble. It is practically a local anæsthetic, and he thinks it the best all-round aseptic and antiseptic dressing he has ever used. He finds it very soothing for burns, stimulating healthy granulations, and a good local application in eczema, tetter, erysipelas, etc. It is not merely a surface remedy, but penetrates into the diseased tissues. He asks whether, as camphor and carbolic acid make a non-toxic compound, camphor would not be an antidote to carbolic-acid poisoning.

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ACTION OF QUININE UPON THE PARASITE OF MALARIA.—The *New York Medical Journal* quotes from a foreign exchange a paper on this subject. The authors found that when a drop of solution of quinine bi-sulphate in distilled water was placed on the edge of a cover-glass having a dry preparation of malarial blood certain changes occurred in the parasites which were in proportion to the strength of the quinine solution. If this were very weak, the parasites rapidly contracted, and after a few minutes expanded again to give exit to a number of pseudopods. Greater concentrations of the solution brought about more marked degrees of stimulation in the parasites, and the latter ended by detaching themselves from their red cells. If the solution were very strong, however, the parasite contracted permanently and remained in the red cells. They found by experiments with quinine upon patients that the dose required varied in the different forms of malarial infection.



# HOSPITAL AND TRAINING-SCHOOL ITEMS



## HOSPITALS

IN the hospital for consumptives, which is an annex of the Erie County Hospital, in Buffalo, N. Y., experts concede that Erie County is in possession of one of the most complete equipments for the treatment of consumptives in the United States. Its superiority over all similar institutions in the Empire State is acknowledged. The new institution, complete and ready for the reception of patients, was first opened to the public on March 28. Throughout the interval between the hours of eleven and five o'clock Dr. E. J. Gilray, medical superintendent of the Erie County Hospital, and his staff received persons interested in the new institution and directed their inspection. Among the visitors were many prominent physicians of Buffalo and medical men from other cities professionally interested in the modern apparatus there installed. The hospital is located southeast of the main hospital, with which it is connected by a long hall-way. The idea has been to isolate it as much as possible from the other departments. It is an imposing structure, two stories in height and built of hammer-dressed stone. To the south is a broad expanse of meadow, which will be the roaming grounds for the male patients. On the north side is another large plot for the female patients. The upper portion of the building is for the exclusive use of female patients and will accommodate sixteen. The lower portion of the building is for male patients and will care for thirty-four. The accommodations were based on the relative number of female and male patients as determined by medical statistics. The sanitary and drainage system is apart from that of the main institution and is very complete. Everywhere possible light has been let in and fresh air provided, and by the use of the solariums patients may at all times of the day enjoy Nature's elements. Modern bath- and toilet-rooms are liberally provided, with every known apparatus and device known to medical science in the treatment of tuberculosis.

THE New York County Visiting Committee for Bellevue Hospital and other institutions declares in its annual report, just issued by its president, Dr. George G. Wheelock, that larger quarters are needed in the Harlem and Fordham Reception Hospitals and in the City Lodging-House. Bellevue, the committee reports, needs repainting throughout, with new floors, new plumbing, a system of electric lighting and elevators, though an entirely new building would be better. The Harlem Hospital needs a new site and the buildings should be better. In the present hospital the bathing facilities are wholly inadequate. Fordham Hospital occupies leased property, and the buildings do not belong to the city. Building operations in the neighborhood have made it very uncomfortable for the patients, and there is no ward for children, of whom many are received as patients. Nor has the hospital any crematory, the used dressings being burned in a vacant lot. Another feature of the hospital's service which the committee criticises is the long distance over which patients are transported. Some of them have to be carried seven miles, and in emergency cases this has at times resulted in death. The committee therefore recommends the erection of a small emergency hospital



in the eastern part of The Bronx. It is also recommended that female nurses be employed in preference to men, with orderlies to assist them in the heavy work of caring for the patients.—*New York Medical Record*.

STATE HOSPITAL BOARDS ABOLISHED.—Governor Odell, of New York, has signed the bill abolishing the Boards of Managers of the State Hospitals for the Insane. The Boards of Managers of these institutions lost their offices on April 1, and the State Commission in Lunacy has assumed charge of the hospitals. The Governor will appoint Boards of Visitation for each of the hospitals.

THE Commissioner of Health of New York City has set on foot a movement for the establishment of a public hospital for contagious diseases in each of the five boroughs of the city. Nothing is more needed than these hospitals, and it will be an inestimable boon to the public if they are built.

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### TRAINING-SCHOOL NOTES

AN interesting service was held at the Orange Training-School on March 18 for the awarding of the Maltese gold cross to Miss Florence G. Hauer for special meritorious work. This service was conducted by Archdeacon Manus, and the cross was given by the president of the school. Following the service was a demonstration in charge of Mrs. Smith, the superintendent of the school, which consisted of a sham operation conducted by pupil nurses. A prize essay was also read by Miss Schoolbred on "Preventive Measures in Contagious Diseases." The prize was given by the superintendent and was THE AMERICAN JOURNAL OF NURSING for one year. The exercises were largely attended and great interest was manifested in the work of the school. An infirmary for nurses, both graduate and pupil, will shortly be erected on the Training-School property. It will be kept exclusively for contagious diseases, and will be made as germ proof as possible. Graduate nurses have taken a very active and energetic interest in this project, and one-quarter of the entire cost of the building has been pledged by them.

OWING to the ill-health of her mother, Miss Martha P. Parker has resigned her position as superintendent of the Salem Hospital at Salem, Mass. She has held the position since January 1, 1894.

A farewell reception was given Miss Parker. The Alumnae Association presented her with a beautiful desk set in silver, the present pupils of the School gave an exquisite set of bread and butter plates in Haviland ware, and the employes of the hospital a handsome silver candelabra. A pleasant social hour was passed.

Miss Louise Seldes, a graduate of a Philadelphia Training-School and former supervisor at Salem Almshouse, has been appointed to succeed Miss Parker.

MISS GILMOUR, the successor of Miss Darchis on Blackwell's Island, has, with the help of Mrs. Cadwalader Jones, who has always been a pillar of strength behind the Training-School,—planned for a three-years' course to be given in October. There will be three-months' preliminary training, the details of which we hope soon to learn. The Commissioner of Charities has approved the plan, which cannot but greatly benefit the five city hospitals which are nursed by this school. Miss Darchis's ideal of a Department of Nursing for the City of New



York may yet come to be realized, and we are grateful that her mantle has fallen on Miss Gilmour's shoulders, and hope Mrs. Jones may ever stand by the school.

MISS EDITH MAYON has recently been appointed superintendent of the hospital at London, Ontario. Miss Mayon is an Englishwoman trained at the Illinois Training-School in Chicago, and has held a number of institution positions in the United States and Canada.

MISS MARIE AEBISHER has resigned her position as head surgical nurse in Cook County Hospital to assume the duties of superintendent of nurses at a hospital in Salida, Col. Her position will be filled by Miss Robb, of the Class of 1891.

THE Bellevue Training-School reports a lengthened course,—two years and six months. The managers also offer a year's training to such of their graduates as show executive ability in the management of Training-School and hospital.

MISS LOWRY, assistant at the Homœopathic Hospital, Rochester, has resigned, and will be succeeded by Miss Underhill, one of the last year's graduates of the course in hospital economics at Teachers' College, New York.

MISS HAY, of the Class of 1895, of the Illinois Training-School, has been appointed superintendent of nurses in the County Institution at Dunning. Miss Hay will have some good openings for head nurses.

WE are advised that the Board of Managers of the New York Hospital refused to accept Miss Irene Sutcliffe's resignation, but have granted her an indefinite leave of absence on account of ill-health.

MISS LILLIAN HUFFCUT has resigned as superintendent of nurses of the Children's Hospital, San Francisco, Cal., and will take a long rest.

THE New Jersey State Hospital for the Insane at Trenton is to have a training-school for nurses.





# THE GUILD OF ST. BARNABAS

IN CHARGE OF

S. M. DURAND

Public Library, Boston



BILTMORE, N. C.—At a meeting of the members of St. Barnabas' Guild for Trained Nurses the following memorial was adopted and a copy of the same directed to be sent to the family of Miss Buxton and printed in a city paper and in *THE AMERICAN JOURNAL OF NURSING*:

"It is with deep sorrow that we note to-day the absence of our secretary, Miss Fanny Buxton, and know that she will not again meet with us, God having called her to lay down the burden and the care of life and enter the rest reserved for the people of God.

"One of the most interested in the purpose of the guild, she was also most active in effecting its organization and in attending to the details of its work. With many home cares and responsibilities, and with frequent calls of a professional character, she yet seemed always able to undertake a little more and to give the benediction of her gentle, womanly personality and her capacity for administration to the many works that appealed to her. When a duty presented itself, or an opportunity to be of use, she never withheld what she had of strength or capacity, and this, as we now fear, to an extent which her physical powers did not warrant.

"Still we feel that rest came to her as she would have chosen—in doing what she could—and in the consolation that her last work was ministering to the needs of the venerable and venerated parent to whom her presence was so soothing and her care so tenderly sweet.

"We shall miss her sadly from our number, but there will remain with those of us who have been privileged to know her an abiding memory of a strong, sweet, and helpful spirit, whose labors of love and abiding faith we will do well to try and emulate."

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BROOKLYN, N. Y.—The regular monthly meeting of the Guild of St. Barnabas was held on March 17 in Grace Church on the Heights, with a good attendance. The chaplain made an address of welcome to a new active member who was received. At the business meeting following the service Mrs. A. B. Hunter, of St. Augustine's School, Raleigh, N. C., gave an interesting account of the colored Training-School for Nurses in her charge. One member resigned. A very pleasant social half-hour was held and refreshments were served.

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EPIPHANY BRANCH, CHICAGO.—Though still small, this branch has hopes for an increase in both membership and interest for the new guild year. The regular meetings are held on the second Thursday of each month. In March, after the service, Miss Fulmer, superintendent of the Visiting Nurses' Association, gave an interesting talk along guild lines. Many suggestions were made, most of which are probably old to many branches, but which came to us as quite new.



Especially were we pleased with the suggestion of a St. Barnabas Guild pew in the church, open to all nurses at all times.

Our weakest point thus far is in the lack of associate members, to whom, of course, we must look for much of the necessary administration. Next year we will make a better showing.

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GRACE BRANCH, CHICAGO.—The regular monthly meeting of Grace Branch of St. Barnabas Guild was held at the Parish House Monday evening, March 3. Rev. George Wright, the chaplain of the guild, presided. Those present were Rev. Mr. Jewell, rector of Grace Church, Mrs. Bailey, Mrs. Reeme, and Miss Lane, associates, and Misses Small, Andrews, Johnson, Moll, Wiltsie, Parkinson, Fulmer, Ritchie, Thorne, active members. There were also two guests. Miss Reeme, the secretary, read the annual reports, which were approved. The election of officers followed. The secretary was instructed to cast the ballot for the ticket as read. The following were elected: Dr. Helen Osborne, secretary; Dr. Helen Williams, assistant secretary; Mrs. L. L. Gregory, treasurer; Misses Small and Fulmer, correspondents for the Guild Department in *THE AMERICAN JOURNAL OF NURSING*. The motion to hereafter have St. Barnabas Day for the annual meeting was carried. Annual fees, etc., will fall due at that time.

Miss Emily Parkinson, of Guy's Hospital, London, was admitted to membership. The guild seems in a most prosperous condition, but we are much at sea to know just what special line of work to take up for the year. The secretary, Dr. Helen Osborne, Hotel Virginia, will be glad of suggestions along this line. Any communications for this department will be gladly received by the correspondents. Graduates from eleven training-schools are represented on our membership list at present. Four of our members belong to the Visiting Nurse Association staff. Miss Johnson, of St. Joseph's, has just been elected treasurer of the Illinois State Society of Nurses. Our next meeting will be a social affair and the usual guild service. We trust our associates and members will take a personal interest in making the Convention of the Trained Nurses' Associated Alumnae a success, as it is the first time this organization has convened in the West. The date is May 1, 2, and 3, with head-quarters at the Lexington Hotel.

Miss Almeda Goodspeed, a graduate of Boston City Hospital, has transferred her membership to us from the Philadelphia Branch.

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NEWPORT.—Since the last letter was written the Newport Branch has had four meetings and four new members have been received. There have been no entertainments during Lent. On March 13, instead of having the usual guild service, we attended the regular Thursday evening Lenten service in Kay Chapel and heard a sermon by the Rev. W. E. Roberts, of Boston. At the business meeting which followed in Trinity Guild Hall the chaplain said that some of the members had offered to do sewing for the poor. This offer was gladly accepted by the Woman's Auxiliary. We had the pleasure of seeing Miss Dame, of the Boston Branch, at this meeting. We are always glad to welcome members from other branches. We only wish they would tell us something of their work, as it is always interesting to hear of the guild's progress in other places, and often it is helpful and suggestive. Mrs. Warrall is slowly recovering from a serious illness. The April meeting was at St. George's Church and was followed by a social tea in the Guild Hall.



NEW YORK BRANCH.—The regular monthly church service of the guild was held on the evening of March 17. We regretted not having our chaplain with us. He was very ill at the time, but we rejoice to say he is up and around now. After a short service we had a very interesting business meeting in the guild rooms. There is, indeed, a renewed interest in our guild, and we hope it will increase and last, and we feel it will as long as we can have our greatest workers with us—our dear secretary and chaplain. We indeed owe them our thanks. There are a great many new members coming in. We ought to have at least five hundred members (but we wouldn't want them all to attend one business meeting at one time). A matron has been appointed for our Summer Home, where so many of us will be glad to throw our bags down and rest awhile. Invitations are out for a birthday tea for the home, to be given at the residence of one of our associate members, Mrs. R. J. Hall, 147 West Ninety-seventh Street.

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ORANGE, N. J.—A regular meeting was held at the Training-School, March 27, at eight P.M. Owing to the pressure of the Holy Week services the chaplain was unable to be present. The service and business meeting were conducted by the Rev. Oscar Moore, curate of Grace Church, and no address was given. The sewing meetings have been held every Thursday in the interests of the Guild Fair, which, we remind our members, will be held in the Memorial Parish House, Grace Church, Orange, on Thursday, May 15. Distant members are still asked to show their interest by sending contributions and orders, which will be attended to promptly, and let no one wilfully remain absent who can attend that day, bearing in mind how many we help besides ourselves when we help to swell the sick relief fund. It is very gratifying to report that work is expected to be begun very shortly on the Isolation Infirmary, as the greater part of the amount required has already been promised.

Mrs. A. M. Holmes, an associate, living in Fairmont, Minn., passed away after a short illness March 9. In her far-off home her association with the guild had been a source of very great pleasure and interest to her.

Miss Helen Stephen has had to relinquish her work for awhile and sailed for England April 2, to remain away about six weeks.

Miss Anna Greatsinger, after an enforced inactivity of over a year, has been able to resume work.

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TRINITY BRANCH, CHICAGO.—The regular monthly meeting of the Guild of St. Barnabas was held in Trinity Parish House Monday evening, March 3, the Rev. William White Wilson presiding. After the secretary's report, several names were presented for membership, which names were given to the Membership Committee for investigation. Mr. Bouchier, the treasurer of the sick benefit fund, read a gratifying report of Mrs. Kunz Baker's entertainment, which took place in the Parish House February 22. The proceeds amounted to between sixty and seventy dollars. A cordial vote of thanks was given to Mrs. Baker and the ladies who assisted her on that evening.

A resolution of sympathy was sent to Mrs. Rouse, the treasurer of the guild, who has been ill for several weeks. We trust she may be with us for our April meeting. We greatly miss her when she is absent. Refreshments were served, after which a pleasant talk was given by Dr. King to the nurses present. We are always glad to have a talk from any medical man interested in the guild. The meeting then adjourned.



## PRACTICAL HINTS



SUGGESTIONS FROM A DISTRICT NURSE.—We treat many cases of trachoma and simple conjunctivitis, both in the dispensary and outside in the homes. These eye cases are remarkably prevalent among poor and badly nourished children. The little Italians seem to be especially attacked by these infections, and one finds among them so many cases of loss of sight in one eye from infantile or childhood's eye-trouble. What the reason is, whether they are more poorly fed, or whether their mothers are less careful than others, would be a little hard to determine. I am told that the colored people also have very weak conjunctivæ, but I do not know this from experience, as I see few of them. We never see a child on the street with conjunctivitis without stopping and inquiring where its home is; then without delay go to call on the mother, and find out whether the child's eye is receiving attention or not. If not, we, of course, urge a physician or dispensary, often taking the child there; also teaching the mother about isolation and boiling of towels and night-dresses, and showing her how to prepare the boric powder which is dispensed to her.

For our own procedure we usually flush these eyes thoroughly with boric acid solution or Thiersch solution, warm.

I always stand behind the patient, placing him on a seat with a rather low back, so that the head may be tilted backward. He is prepared by having a large rubber bib placed around his neck, and can, as a rule, himself hold in place the curved basin to catch the stream. I always prefer to use a fountain syringe for the solution, hung not very high, so that the flow is gentle. I like the bag for several reasons: the steady flow is much more satisfactory than the interrupted spurting of a cotton wad or small syringe, and one can hold the eyelids open much more steadily and gently with one hand when the other has no motions to make, such as filling and expelling the solution from a small eye-syringe. The continuous gentle flow of the stream across the eyeball seems to act as a tonic, and then—very important, I think—the patients like it. I find that after having had their eyes irrigated in this fashion they think no other method is worth anything. I often have patients come in who have been treated differently elsewhere and say: "Not use any bag like you. Only cotton; no warm water; all cold; no good." To do this flushing I take my place behind the patient, as one is then safe from having spray flash into one's own eyes; then, everting both eyelids and holding them firmly, so that the entire conjunctival lining is exposed, I let the stream run over them for a full moment or so.

Small children and babies, of course, cannot take this position very well. If I am alone with the patient, I first swathe the child so as to pinion its arms, and then have the mother hold it, in the recumbent position, so that its head hangs over a basin. I then proceed as before. Larger children can also be treated in the same way, lying on their backs across the mother's lap, with head a little downward over a basin, the hair being firmly drawn back out of the way. One does not always have rubber sheets and curved basins at hand in district nursing, and must manage as best one can. However, a nail can always be found to hang up the bag carried in one's kit. I usually have a straight



glass point, which is boiled daily, in the tube, but with small children who resist and struggle I take it out for fear of an accident, and use only the rubber tubing.

For the swelling of the lids I see both hot and iced compresses used. Some surgeons seem to prefer one as a routine and some the other. But from my practical observations (and though a nurse is not to diagnose, yet she cannot help coming to some conclusions as she watches her cases) I think the best results come from combining the two. The hot compresses relieve the pain nicely and do good if they are used just occasionally, say two or three times a day for five or ten minutes at a time, but if they are overdone they seem to be injurious. I remember one case where our surgeon, called in consultation, told us that the eye had been destroyed by continuous hot compresses. They had acted as a poultice, and had completely softened it to a pulp. The iced compresses—thin layers of linen or gauze taken from a block of ice in the usual way—tone up the flabby, weakened lids and restore their muscular tone.

In some cases I have had hot applications ordered, and the patient complained that they caused fresh pain. In such cases I discontinue them at once and report to the doctor for other orders.

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THERE should be as frequent bathing in disease of the skin as in health—if not more frequent. If the skin be inflamed, the water should be warm or tepid. The use of cold water or soap and rubbing with towels are to be avoided as too irritating.

Skin disease is very obstinate, and should be treated constantly and continuously.

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INDIRECT contagion is more alarming than direct in that, in the latter, people are more on their guard. Public drinking-cups, combs, and brushes are common vehicles of indirect contagion. The nurse who is not careful can easily scatter contagion by unconsciously placing an unwashed hand on a door-knob or article of furniture or clothing liable to be touched by others.

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CLIPPING the ends of the hair will not assist its growth. It is the treatment of the scalp by stimulation and cleanliness which keeps the hair healthy. In cities the hair should be washed from every two to four weeks. It keeps much cleaner in the country.

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IN turning a bed-patient on the side care should be taken that the hips and legs as well as the shoulders are properly turned, in this way the centre of gravity being properly maintained.

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IF there be a thrombus in the leg, the latter should not be rubbed, as by rubbing the clot is apt to be liberated, and should it be carried to the lungs it might cause death.

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VERY little lemon or orange should be added to albumen water, as too much acidity is liable to cause vomiting or to coagulate milk if the patient be allowed it.

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A HIGH enema is at times accomplished by the position of the patient or the amount of fluid injected—the insertion of the rectal tube not then being necessary.



# OFFICIAL REPORTS OF SOCIETIES

IN CHARGE OF  
MARY E. THORNTON



[We must ask contributors to this department to make their reports as concise as possible, omitting all mention of regular routine business, and stating such facts as are of special interest to absent members or to the profession at large. The JOURNAL has already increased its reading pages from sixty-four to eighty, and it must keep within these limits for at least the remainder of the present year. In order to do this all of the departments are being condensed to make room for our constantly increasing items of interest.—Ed.]



The Lexington Hotel, corner of Twenty-second Street and Michigan Avenue, Chicago, the meeting place of the fifth annual convention of the Trained Nurses' Associated Alumnae of the United States, whose sessions will be held on Thursday, Friday, and Saturday, May 1, 2, and 3.



## ANNUAL MEETING OF THE NEW YORK STATE NURSES' ASSOCIATION.

THE first annual meeting of the New York State Nurses' Association was held in Humane Society Hall at Albany April 15, 1902. The meeting was called to order by the president at ten A.M. with a few opening remarks. After roll-call and reading of minutes of the last meeting by the secretary, the treasurer's report was read and accepted.

Miss S. F. Palmer, chairman of the Committee on Incorporation, reported that the papers of incorporation of the New York State Nurses' Association were registered at the County Clerk's office in New York City and at the office of the Secretary of State at Albany, all requirements of the law having been complied with.

It was moved and carried that the completion of the by-laws be made the order of the morning.

The first and most important of the additional by-laws was on admission and representation, and is as follows:

"SECTION 1. Societies of nurses desirous of membership in the State Association shall make application in writing to the secretary of the association at least two months before a regular meeting, signed by the president and secretary of the local society, accompanied by a copy of their constitution and by-laws, with the annual dues for one year. The application of individuals shall also be made to the secretary two months before a regular meeting, and be accompanied by the full name and address, with the name of school and date of graduation, accompanied by the annual dues for one year.

"SECTION 2. Societies of nurses whose credentials have been endorsed by the Credentials Committee and whose application for membership in the State Association has been accepted by the association at a regular meeting shall be entitled to send delegates to all meetings of the association, and these delegates shall be entitled to cast one vote for each ten members of such society who are resident in the State of New York; but members of such societies who vote as founders or charter members or as permanent members shall not be included in this estimate.

"SECTION 3. The delegates who are actually present from local societies at the State meetings shall deposit the whole number of votes to which their societies are entitled as shown by the credentials which they shall bring with them from the secretaries of their societies.

"SECTION 4. The votes of individuals shall be cast in person.

"SECTION 5. New members may be admitted at any regular meeting of the association.

"SECTION 6. Members in arrears for one year shall not be entitled to the privileges of the association."

The next article accepted related to the formation of committees and instructions as to their mode of action.

The article on Dues and Fees was next considered and accepted:

"DUES AND FEES.—The dues for individual members shall be one dollar a year, and for societies at the rate of one dollar for each ten members, payable at the annual meeting."

After considering the remainder of the by-laws presented, a motion was made and carried that THE AMERICAN JOURNAL OF NURSING be the recognized voice of the association and the reports of regular and annual meetings be sent to it for publication.



The afternoon session was chiefly given up to the election of officers and committees for the coming year.

Of the names submitted by the Nominating Committee the following were elected:

President, Miss Isabel Merritt, Cherry Valley; first vice-president, Miss Julia E. Baily, Rochester; second vice-president, Miss E. J. Keating, Buffalo; secretary, Miss E. C. Sanford, Rochester; treasurer, Miss Mary Brooks, Saratoga.

Trustees.—One year, Miss Maxwell, New York; two years, Miss S. F. Palmer, Rochester; three years, Miss Dock, New York.

The following were nominated and elected from the floor to serve with the officers and trustees as an Executive Committee: Miss Garden, Syracuse; Miss Rhodes, New York; Miss Van Kirk, New York.

These chairmen of the following committees were then chosen, each having power to choose her own colleagues:

On Revision of By-Laws, Miss I. R. Palmer, Albany.

On Legislation, Miss Allerton, Rochester.

On Press and Publication, Miss S. F. Palmer, Rochester.

On Finances, Mr. L. Bissell Sanford, New York City.

On Credentials, Miss Maxwell, New York City.

The Committee on Revision of By-Laws was then instructed to place the by-laws in their proper order and have the same printed with the constitution as soon as possible.

It was decided by vote that the next meeting should be held in the city of Utica the third Tuesday in July.

ELIZABETH C. SANFORD, Secretary,  
46 Howell Street, Rochester, N. Y.

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#### THE AMERICAN FEDERATION OF NURSES.

THE member of the federation appointed on the Committee of the National Council of Women to arrange a Peace Demonstration is Mrs. Booth, one of Miss Maxwell's graduates during the time she spent at St. Luke's Hospital, New York.

May 15 will be celebrated all over the world by meetings where addresses will be given advocating the cause of peace and international arbitration, and setting forth the economic waste and the moral destructiveness of war.

L. L. DOCK,  
Secretary.

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#### THE AMERICAN SOCIETY OF SUPERINTENDENTS OF TRAINING-SCHOOLS FOR NURSES.

THE secretary reminds members that the next meeting will be held in Detroit, Mich., Mrs. Gretter presiding, on Tuesday, Wednesday, and Thursday of the second week of September. The programme will include papers on "Principles of Discipline," "Preparatory Work," "New Methods of Class Teaching," "Legislation and Registration," and "Examinations and Markings." No annual report will be published until after this meeting.

L. L. DOCK,  
Secretary.



PHILADELPHIA COUNTY.—The regular monthly meeting of the Philadelphia County Nurses' Association was held Wednesday, April 9, 1902, at three P.M., at the College of Physicians. The president, Miss Walker, was in the chair.

The reports of the Publication, Arrangement, and "Code of Ethics" Committees were called for. The "Code of Ethics" Committee not being unanimous, the members present decided to recommit the "Code" to the Business Committee.

The names of seven new applicants were presented.

A letter from the secretary of the Associated Alumnae, New York, in response to an invitation from this society to hold the next convention—1903—in Philadelphia was read.

A report from Miss Ramsden on the expenses of running a club was also read.

Meeting adjourned, after which Professor Weygandt gave a lecture on "Hawthorne, Emerson, Poe, and Whitman."

N. M. CASEY,  
M. G. ANDERS,  
M. LEWIS,  
Publication Committee.

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ANNUAL MEETING.—The Alumnae Association of St. Vincent's Hospital, New York City, will hold its annual meeting at the hospital at three-thirty P.M., May 2, 1902. All members are requested to attend, as there will be business of importance and the election of officers for the ensuing year. All graduates who are not yet members are cordially invited to attend the meeting.

CAROLINE MARQUIS,  
Secretary.

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STUDY COURSE OF ASSOCIATED ALUMNÆ AS FOLLOWED BY NEW YORK MEMBERS.—It would be difficult to arrange a more attractive and interesting programme than that followed by the New York Alumnae this winter, and much gratitude is due those who gave of their overburdened time. Mrs. von Wagner in her talk upon "Sanitary Inspection," Mr. Robert Ely in his two lectures upon "Sociology," and Mrs. Runkle's two lectures upon "Current Topics" must of necessity be of peculiar interest to nurses whose eyes are open to the conditions surrounding them. To have heard these lectures is to wish to hear many more. The "Tour with the City History Club," with Miss Hill and Dr. Kelly as guides, was most entertaining, and through Deidrich Knickerbocker and Janvier one lived again the early days of Manhattan. The afternoon spent at the vaccine laboratory of the Health Board of New York was most instructive, and thanks are due Dr. John H. Huddlestone and his associates for the courtesy and attention shown us. It has been the policy of the local committee in arranging for the lectures to have them given at the different clubs and hospitals, thus promoting social intercourse among the graduates of the different schools, and, as a consequence, preparing in a measure for dignified and concerted action in great questions affecting the graduate nurse, such as State legislation, etc.

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#### REGULAR MEETINGS

LIBERTY BELL CAMP OF SPANISH-AMERICAN WAR NURSES.—Several of the Spanish-American War nurses residing in Philadelphia and its vicinity, having



determined to form a camp, held their first meeting January 3, 1902. There were present Rebecca Jackson, Clara E. Howard, Allihier E. Kimper, Adele Neeb, Anna E Schaffer, Henrietta S. Watson, and Mary E. Esser, who prepared and signed an application under the by-laws for authority to form a camp, to be called Liberty Bell Camp, and forwarded it at once to the corresponding secretary. A certificate of authority was regularly issued February 15, 1902. The nurses continued to hold regular meetings each month, and on April 4, 1902, formally organized with Rebecca Jackson, captain; Allihier E. Kimper, lieutenant, and Mary E. Esser, adjutant.

The meetings of Liberty Bell Camp are held at three o'clock in the afternoon of the first Friday in each month, except July, August, and September, at 1133 Girard Avenue, Philadelphia. A cordial invitation is extended to all Spanish-American War nurses to attend the meetings.

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THE quarterly meeting of the Alumnae Association of St. Mary's Training-School, Brooklyn, N. Y., was held Tuesday, April 8, at St. Mary's Hospital.

In the absence of the president the first vice-president called the meeting to order at four-thirty P.M. The minutes of the last meeting were read and accepted.

The delegate's report of the second meeting of the New York State Nurses' Association, which took place in the Academy of Medicine, New York City, January 30 and 31, was also read.

Miss H. Denehey was appointed treasurer instead of Miss Brock, who felt she could not fill the position satisfactorily, owing to other duties.

Miss A. B. Macdonald was appointed delegate to the annual convention in Chicago.

After important business matters were discussed the meeting adjourned.

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UNIVERSITY OF PENNSYLVANIA.—At the regular monthly meeting of the alumnae, held April 7, 1902, at three P.M., delegates to the annual convention were elected. For delegates, Miss Casey and Miss Schulze, with Miss Rudden and Miss Simpson alternates.

Motions carried:

First, that members be elected by ballot.

Second, that in electing new members three black balls will be sufficient to reject an applicant.

Third, that members whose dues are unpaid for two years be dropped from the association.

Fourth, that members who have been dropped may be reinstated on payment of back dues.

These motions to be amendments to the constitution.

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HOUSE OF THE GOOD SHEPHERD, SYRACUSE.—At the regular meeting, held March 27, sixteen nurses were present. The minutes of the last regular and special meetings were read and approved. The committee for the Nurses' Club reported that the alumnae was to be incorporated. This committee was authorized to sign said petition when ready. The lease for the Nurses' Club is not to be signed until after the charter is secured. Letters were read from Miss Sophia F. Palmer, editor-in-chief of *THE AMERICAN JOURNAL OF NURSING*, from Miss Ida R. Palmer, of the Albany Hospital, and from Miss Jennie Cheesebrough thanking



the alumnæ for flowers sent during illness. Miss Eva M. Gardner was appointed delegate to the meeting of the New York State Nurses' Association held in Albany April 15. Three songs were beautifully rendered by Miss Webb, after which refreshments were served, meeting adjourning at five o'clock.

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ST. LUKE'S, CHICAGO.—Owing to a press of work arising at that time, Miss Emma Dawson, who is superintendent of nurses at the Chicago Homœopathic Hospital, will not be able to act as delegate from St. Luke's Alumnæ Association, Chicago, to the Annual Convention of the Trained Nurses' Associated Alumnæ of the United States, which meets in Chicago May 1, 2, and 3, and Miss Anne Louise Pearse will take her place.

At a recent meeting of the association Miss Alberta Gage, Miss V. Belle Beachley, Mrs. Agnes Wilson Sickles, Mrs. Annie Fryre Hutchinson, and Mrs. Louise Salter Wells were elected to membership.

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MONROE COUNTY.—The second annual meeting of the Monroe County Nurses' Association was held at the Homœopathic Hospital, Rochester, March 25, with a good attendance. The following officers were elected: President, Miss E. C. Sanford; first vice-president, Miss Lee; second vice-president, Miss Allerton; recording secretary, Miss Frick; corresponding secretary, Miss Langstaff; treasurer, Miss McKenzie; directors—Miss Palmer, Miss E. J. Jones, Miss Frances Johnston, Miss Glidden.

It was decided that in place of the regular meeting in June the society would hold a banquet at one of the Lake resorts.

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MILWAUKEE, WIS.—At a meeting of the graduates of the Milwaukee County Hospital, held on March 22, 1902, it was decided to form an alumnæ, the objects being the mutual benefit of the members, social and professional development, the establishment of a fund for sick nurses, and a systematic method of registration.

The following officers were elected to serve until after the first regular meeting, to be held June 14, 1902: President, Miss Louise Ludwig; vice-president, Miss Alma Bahr; secretary, Fern I. Fox; treasurer, Miss E. D. Smith.

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BELLEVUE, NEW YORK.—There was a very large and interesting meeting held on March 20. The names of two new members were announced and fifteen new names proposed for membership. A letter from the Princess of Wales was presented by Miss Brennan. The society elected as delegates to the Convention of the Associated Alumnæ Miss Van Dursen, Miss Van Meter, and Mrs. Dewey. After the reading of a short paper upon "State Registration" by Miss Dock the meeting was adjourned.

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BROOKLYN, N. Y.—The monthly meeting of the Brooklyn Alumnæ was held Tuesday, April 1, Miss Monteith presiding in absence of the president. There was a large attendance. Among those present was Miss Emily Steinett, assistant superintendent of the Hospital of the Good Shepherd, Syracuse. Miss Mowatt was unanimously elected delegate to the New York State Nurses' Association. A motion was made and carried that the alumnæ be incorporated.



HARTFORD, CONN.—The quarterly meeting of the Hartford Alumnae was held at the Nurses' Home, in Jefferson Street, on March 4, twenty-five members being present. It was decided to endeavor to raise ten thousand dollars for a free bed for graduate nurses. Miss M. Wilkinson gave a short talk on district nursing in the city, and after appointing Miss Harmony Twichell delegate to the National Convention the meeting was adjourned.

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ILLINOIS STATE ASSOCIATION OF GRADUATE NURSES.—At a special meeting held on February 17 Mrs. Annie R. Hutchinson, of St. Luke's Training-School, was elected president to succeed Miss Fulmer, who had resigned. There has been a slight change in the name, it having originally read, "Graduate Nurses' Association of the State of Illinois." In March this association became affiliated with the Illinois Federation of Women's Clubs.

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NEW YORK POST-GRADUATE CLUB.—This association has in the reading-room a Tabard Inn Library Station, a system of book exchange admirably suited to the needs of the trained nurse, who is here, there, and everywhere. The members will be glad to see anyone who wishes to avail herself of the privilege of taking books from the Tabard Inn between the hours of nine in the morning and ten in the evening.

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LOCAL ASSOCIATION, NEW YORK.—On Monday, April 7, 1902, at 143 East Thirty-fifth Street, nurses, graduates of out-of-town schools residing in the Boroughs of Manhattan and Bronx, met and formally organized a local association. The officers are Miss McKechnie, president; Mrs. Kirchoff, vice-president; Miss Spring Rice, secretary, and Miss Wakefield, treasurer.

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ANN ARBOR, MICH.—The Nurses' Alumnae Association of the University of Michigan met March 27, 1902, at the Nurses' Home. After the close of the business meeting the nurses enjoyed a very interesting talk by Mrs. Josephine Murfin, State secretary of the King's Daughters, on the work of that organization. Mrs. Murfin also spoke briefly of her trip south.

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THE Summer School of Philanthropic Work of the Charity Organization Society of New York will open on June 16, to last for six weeks. Nurses who contemplate taking up any kind of philanthropic work will find this course of great interest and advantage. Information will be given by Mr. P. W. Ayres, 105 East Twenty-second Street, New York City.

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THE Buffalo Graduate Nurses' Association held its regular monthly meeting on April 7, at which time the nurses who had been appointed Sanitary Inspectors were made a Sanitary Aid Committee for the association.



## OBITUARY

MISS MARTHA S. THOMPSON, a member of Allegheny General Hospital Alumnae Association, died at her home in Fairchance, Pa., Monday, April 7, 1902.

While following her profession in California she fell ill of typhoid fever, from which she never fully recovered, developing tuberculosis, which caused her death.

Miss Thompson was a member of the Class of 1899.

ISABEL CHAYTOR,  
Secretary.

THE members of the Rhode Island Hospital Nurses' Club record with sorrow the death of one of their members, Miss Emily Battles Coburn, on February 15. Miss Coburn had spent more than a year and a half in the school, where she was much beloved by all who knew her because of her cheerful, happy disposition, her untiring zeal as a nurse, and her sincerity as a friend.

To Miss Coburn's parents and immediate relations we extend our heartfelt sympathy, reminding them that she has only gone to a higher service. We commend them to the Author of all life, "who giveth His beloved sleep."

RUTH E. MILLER,  
MARY G. HENNESSEY,  
MARY H. MACDOUGALL,  
Committee.

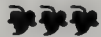
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# FOREIGN DEPARTMENT

IN CHARGE OF  
LAVINIA L. DOCK



## ORGANIZATION NOTES

REGISTRATION IN ENGLAND.—At the annual meeting of the Matrons' Council at St. Bartholomew's Hospital on January 30 the question of State registration of nurses was brought up for discussion. Mrs. Fenwick thought that the time had come when it should be definitely undertaken. She asked whether the Matrons' Council should undertake the work or a new society be encouraged having for its sole object the attainment of State registration. Personally she favored the latter plan, and was supported in this view by Miss Huxley, Miss Poole, and Miss Marquardt. The council decided that its Registration Sub-Committee should meet to consider the organization of a separate society.

The committee met on February 21, and decided to organize a society for the State registration of nurses. Their resolutions were as follows: (1) that trained nurses of three-years' experience who desire State registration shall be eligible as members; (2) that one hundred nurses should be enrolled before a meeting should be called to organize and elect officers; (3) that local secretaries should be at once appointed to arouse the interest of nurses and of the public in the movement; (4) that the public should be allowed to assist in the financing of the society; (5 and 6) that membership application forms should be circulated and the nursing journals asked to support the movement. Early in March it was announced by the Registration Sub-Committee of the Matrons' Council at an executive meeting that Miss Louisa Stevenson, of Edinburgh, had consented to become the president of the new society. [American nurses who were at the Congress will remember Miss Stevenson. We do not know anyone who is better fitted to lend prestige and weight to the movement for registration.—ED.] It was decided to hold a meeting in London in May, at which Miss Stevenson will preside, when the constitution will be adopted and officers and committees elected. The enrolment list now bears nearly three hundred names.

We congratulate our English sisters on their conspicuous beginning and wish them all success. We will observe their future steps with the greatest interest.

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GUY'S HOSPITAL LEAGUE.—A league of past and present nurses has recently been established at Guy's Hospital, one of the large London Schools for nurses. These leagues, similar to our *alumnæ* societies in every respect, will, it is hoped, in the future affiliate with the Matrons' Council to enter the International Council of Nurses.

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THE LEAGUE OF THE ROYAL SOUTH HANTS NURSES.—This league is now in full working order, with Miss Mollett as president, and the certificate of the hospital as qualification for membership. A specially impressive feature of this new league is one of the clauses under "Objects," viz.: "To provide a means



whereby the certificated nurses of the Royal South Hants Hospital can collectively express their views on matters of interest and importance to the nursing profession, or, if desired, take action on the same." This shows public spirit and a sense of responsibility.

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THE nurses of Victoria, Australia, have organized an association of two hundred and sixty members.

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## LETTERS

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AMERICAN NURSING ABROAD—SWITZERLAND.—It is from the point of prophecy rather than that of history that one may speak of American nursing beyond the limits of our own land, for, be it told as a truthful statement, there is almost no such thing as American nursing abroad. One finds on the Continent American shoes, American bicycles, American bars (too often, these), American dentists everywhere, and now and then doctors, but in a long day's journey never a nurse holding a diploma from an American training-school, nor a hospital approaching our standards. In Paris there may be half a dozen nurses, and quite recently talk of an American hospital has been heard. The writer believes that in Rome there is an English and American Nursing Home, and she has come in contact with mission nursing done under the guidance of an excellent American nurse in Egypt, but this tells all there is to tell, so far as can be unofficially reported from the usual route of American travellers abroad. Miss Baxter, an American only by training, has told of her interesting and valuable work in Naples in recent issues of the JOURNAL, and she is quite capable of holding up the Neapolitan end of things, but what about the state of affairs elsewhere? Naturally, in justice to the principles of the Monroe doctrine ethically transferred to English ground, we have no desire to trespass in Great Britain or in any other land where nursing of our own standard can be found, but is there not a field for a few good nurses from our best schools on the Riviera, in the Italian cities, or in Switzerland, and for still more in Paris? The writer believes that the many Americans who annually come abroad or who make their homes in Europe would agree with her, and would gladly consign themselves to the care of their own countrywomen.

"The inglorious battle-ground of the bed and the physic bottle," as Stevenson put it, is wearisome enough at best, but its trials grow infinitely greater when located in a foreign land. Add a foreign tongue and foreign methods of nursing, and our invalid may be indeed miserable. The "cliniques" of European countries are most primitive attempts at our private hospitals, and the public hospital is out of the question. The French expression, "prendre le chemin de l'hôpital," is the equivalent of our idiom, "going to the dogs."

The invalid American, then, must get along as best he may in hotel or pension, with such care as his family or servants can give. If, in desperation, he does call in a "religieuse" or a "garde-malade," he is apt to wish he had not done so, and he gets rid of her at the first possible moment. He may have to pay her less than his home nurse demands, but what of that when he contrasts with this mournful, dark-robed, untrained nun or the domineering, aged, and but little better trained "garde" the nurse of his own country, bright, tactful, neat as a new pin, and full to the finger-tips of means whereby to make him



comfortable or beguile the time away. He wants his home nurse as a baby wants its mother, and if she were only here he would have her at any cost. So let her come and see for herself; not too many of her, of course, but a few women of highest character and best training. She *must* not be of the inferior type, for if she is, woe to her profession and to herself! If the temptations of life are too much for her at home, they will be many times too much for her in a foreign land, away from restraints and the protection of her alumnae society. But with the right motives the right women could establish themselves abroad and succeed from every stand-point. Small private hospitals might be established (here and there English nurses have already done this), these being also registries for a few nurses who would go out to cases. Not only Americans, but the foremost native physicians of the locality would soon discover the value of both hospitals and nurses and use them. No nurse might care to stay abroad more than a year or two, but another might then take her place by systematic arrangement, and so the benefits of foreign residence and the advantages of travel be extended to a number.

It would be wisdom for the nurse intending to try foreign work to investigate a field before deciding to occupy it. To the intelligent woman a number of means of doing this will suggest themselves. In most of the tourist towns there is a "Bureau de Resignements" which might give physicians' addresses on demand. Naturally, the greater acquaintance a nurse may have with foreign languages, the better for her as to managing servants and attending to all the small details of her venture. But even with an ordinary school knowledge of rules and a limited vocabulary, daily practice and study will soon put her in command of the essentials of foreign speech.

The question of rates of pay and hours of work should be well considered, and also that of uniforms. No labor is paid for in Europe at our home rates. Doctors' fees are much smaller than with us. Even in England a nurse receives less for her work than an American nurse at home, but her hours are shorter and the employment of several nurses on one case is more usual than with us. As to uniforms, one cannot say without further experience whether the English-woman's plan of adopting a uniform both in and out of doors or our own independence of uniform be the wiser.

We are proud of our calling and willing to announce it by our dress, yet do not see the necessity for making ourselves conspicuous in public places by what we may wear. Only discretion and tact can guide in this matter, as in so many others.

Again, to repeat, the only kind of woman who would succeed in Europe is the well-trained, high-minded, conscientious woman, quick to adapt herself to her surroundings, and of good business qualifications. She should not imagine that nursing in Europe would be a sort of holiday-making. Far from it. Her social position would have to be made and maintained by her own personality, and she would have to live down the foreign idea of nursing being a sort of domestic servitude, and of a "lady" being forbidden any serious work or occupation.

MARY CLOUD BEAN,  
Graduate Johns Hopkins Hospital School for Nurses.



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ITEMS

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**NURSES IN THE PHILIPPINES.**—We learn from private letters that there has been some disturbance of harmony between the nurses in the Philippines and the military authorities. The nurses were ordered to wash the dishes as a part of the daily routine, and refused to do so, finally being sent to their quarters by the commanding officer as an alternative. The difficulty was still unsolved at the time of our hearing of it, but Mrs. Kinney is now in the Philippines and will no doubt have matters arranged.

While we hold dish-washing as an occupation to be a perfectly honorable and womanly one, we are strongly of the opinion that only muddled, ineffective nursing can be done when nurses have to spend time in simple housework, and that for this reason the nurses were perfectly justified in their stand, and we hope they hold to it. It is economic waste to put a highly trained specialist at comparatively high salary to work which can be done by an untrained and inexpensive person, while, meantime, her own special work is undone or neglected. But military people have a marvellously perfected system of keeping subordinates in a constant state of change from one duty to another, so that one can never tell who is doing what.

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**A NURSE AS HEALTH OFFICER.**—The city of Adelaide, in Australia, has a nurse employed as Health Office inspector. Her special work is the direction of the isolation and disinfection of contagions. She also is of great public value in educating the people in sanitation.

The employment of a trained nurse for this post was the suggestion of the City Health Officer of Adelaide, who must be a liberal and practical man. Other Australian States have shown interest in this experiment and promise to follow suit. The name of the nurse is Miss T. M. Sweetapple.

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**THE AMERICAN JOURNAL OF NURSING** learns on unquestionable authority that the announcement that Miss Florence Nightingale is lending assistance in the preparation of a "Life" of herself is unfounded. Miss Nightingale (unfortunately for all nurses) is very averse to having her life-work written of. The publication referred to can be, therefore, but a compilation of the few magazine articles already in print. Disappointing as this news is, we hope that when her "Life" ever is written, it will be written by a nurse.

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"**NURSING NOTES**" for March reports a very interesting conference of the superintendents of the Queen's Jubilee Nurses in the North of England. Excellent and practical papers were read, of which we would especially like to see in full Miss Walker's on "Extra Nursing Help" and Miss Wilson's on "The Giving of Relief; the Coöperation of the Philanthropic Amateur; and the Advantages of the Charity Organization Society."

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**THE DUBLIN METROPOLITAN TECHNICAL SCHOOL FOR NURSES.**—The annual report shows that during the past year thirty candidates had been sent up for the preliminary examination before being accepted for training. Eighteen lectures were given in anatomy, physiology, and hygiene, and three demonstrations in invalid cookery. A silver medal and a bronze medal were awarded to the two most proficient pupils.



# CHANGES IN THE ARMY NURSE CORPS



## CHANGES IN THE ARMY NURSE CORPS RECORDED IN THE SURGEON-GENERAL'S OFFICE FOR THE MONTH ENDING APRIL 7, 1902.

ARMSTRONG, GRACE, recently assigned to temporary duty at the General Hospital, Presidio, San Francisco, Cal., discharged.

Barnes, Susan H., transferred from the First Reserve Hospital, Manila, P. I., to duty on Sheridan en route to the United States. Arrived in San Francisco March 13 and assigned to temporary duty at the General Hospital, Presidio.

Brinton, Elizabeth M., transferred from the Military Hospital, Calamba, to the Military Hospital, Iloilo, P. I.

Brown, Mrs. Jessie M., returned to Military Hospital, Vigan, from temporary duty at Candon, P. I., a post where nurses are not regularly stationed.

Connors, Katherine, transferred from temporary to regular duty at the General Hospital, Presidio, San Francisco, Cal.

Corrigan, Catharine, recently on duty at the General Hospital, Presidio, San Francisco, Cal., discharged.

Deeley, Julia J., transferred from temporary to regular duty at the General Hospital, Presidio, San Francisco, Cal.

Flick, Lucile E. S., arrived in Manila on Kilpatrick February 17; assignment not yet reported.

Gleason, Mary, transferred from the Military Hospital, Iloilo, P. I., to duty on the Sheridan en route to the United States. Arrived in San Francisco March 13 and assigned to temporary duty at the General Hospital, Presidio.

Hine, M. Estelle, promoted to be chief nurse at the Convalescent Hospital, Corregidor Island, P. I.

Killiam, Lena, formerly on duty at the First Reserve Hospital, Manila, P. I., arrived in San Francisco on Kilpatrick March 30, discharged.

Lane, Effie, formerly on duty at the General Hospital, Presidio, San Francisco, Cal., discharged.

Livingston, Mrs. Tessie, transferred from duty in the Philippines to the transport Kilpatrick en route to the United States. Arrived in San Francisco March 30 and assigned to temporary duty at the General Hospital, Presidio.

McCloud, Mary J., formerly chief nurse at the First Reserve Hospital, Manila, P. I., arrived in San Francisco on Kilpatrick March 30, discharged.

McEvoy, Anna E., chief nurse at Convalescent Hospital, Corregidor Island, transferred to First Reserve Hospital, Manila, P. I., as nurse.

Morgan, Irene A., arrived in Manila on Kilpatrick February 17; assignment not yet reported.

Oakes, Martha A., formerly on duty at the General Hospital, Presidio, San Francisco, Cal., discharged.

Ostien, Mary F., arrived in Manila on Kilpatrick February 17; assignment not yet reported.



Richmond, Edith L., transferred from temporary to regular duty at the General Hospital, Presidio, San Francisco, Cal.

Richmond, Vena, transferred from temporary to regular duty at the General Hospital, Presidio, San Francisco, Cal.

Sheafer, Sarah P., formerly on duty at the General Hospital, Presidio, San Francisco, Cal., discharged.

Silcott, Mary E., formerly on duty at the Military Hospital, Iloilo, P. I., arrived in San Francisco on Sheridan March 13, discharged.

Weathers, Eloise, transferred from the First Reserve Hospital, Manila, P. I., to duty on Kilpatrick en route to the United States. Arrived in San Francisco March 30 and granted a leave of absence.

Wertheimber, Laura, formerly on duty at the General Hospital, Presidio, San Francisco, discharged.

Wilson, Sibbie, transferred from temporary to regular duty at the General Hospital, Presidio, San Francisco, Cal.

Woods, Julia E., arrived in Manila on Kilpatrick February 17; assignment not yet reported.

Young, Agnes G., formerly on duty at the First Reserve Hospital, Manila, P. I., arrived in San Francisco on Sheridan March 13, discharged.

Young, Ann B., arrived in Manila on Kilpatrick February 17; assignment not yet reported.





## LETTERS TO THE EDITOR



*[The Editor is not responsible for opinions expressed in this Department.]*

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DEAR EDITOR: One of the curious vagaries of the human mind is the frequency under circumstances of great gravity or excitement that it is attracted by what appears to be a relatively unimportant thing.

If Robert Burns had been minding the sermon, we would not have enjoyed,—

“Oh, wad some power the giftie gie us  
To see oursels as ithers see us.”

Apropos of this well-known fact I must confess that over and above all the serious subjects brought up for consideration at the International Congress in Buffalo, an incidental remark made by Miss Isla Stewart, one of our English delegates, has persisted in giving me more to think about than any other one thing. Miss Stewart in discussing St. Bartholomew's League made the remark that “American nurses were so much taken up with work to the exclusion of play.” Miss Stewart may have expressed herself somewhat differently, but that was her idea as I understood it. I hastened at that time to assure our visitor that we did relax sometimes, but thinking it over quietly since I am convinced Miss Stewart was right, and that we do take ourselves too seriously.

The eager, over-anxious faces seen among us, both in private and hospital nurses, seem a fairly good indication of the truth of it; the numbers of nurses who must needs have long leaves of absence for change of climate and rest still further prove it, and the numbers of nurses who are saying to one another “What can we do if we must give up nursing?” would seem to establish the fact that the nurse as well as Jack is made dull by “all work and no play.”

I have been guilty of driving an immense amount of work through my own Alumnæ Society in the days when I was one of its officers, and yet our society has always had its social side and spent a lot of time in good, soulful visiting, but I confess that when I see some of the programmes of ambitious young organizations I am appalled at the gravity and enormity of the work laid out for a year, unrelieved by even so mild a dissipation as an afternoon tea or a kaffee klatch, and I feel very strongly that they are making a serious mistake in leaving out provision for rational amusement and social intercourse. I am making no plea for that odious creature, the silly, overdressed nurse striving to be thought a worldly society woman,—she ought to be obliterated,—but for the great number of excellent women who drift into a colorless existence without enthusiasms or any interests outside their work.

If either private or hospital nurses could command the home life which is available for doctors and teachers, they might devote all their spare time to improving their minds. Going back to our pupil-nurse days, was not the “spread” simply an instinctive expression of our craving for social life? It has long been my opinion that the young women who have had the right kind



of social training at home make the most satisfactory nurses, and I have a tremendous interrogation-point in my mind when I am done reading some of the ponderous programmes we have devised for our own punishment.

I hope you do not mind my saying that I think we have neglected our JOURNAL in that one point. We have been so absorbed in its serious side that we have lost sight of chances for improving our spirits as well as our work.

It seems to me in the light of our long experiences we might put up an occasional guide-post to happier lives for the coming generations of nurses. We all know that the humorous side of our work has very often carried us over its most difficult spots. As Robert Louis Stevenson so well expressed it, "A sense of humor will often carry a woman through when religion fails." I expect several good ladies will wish to take me to task for this outbreak of frivolity, but if it adds to the gayety of the occasion, let us have their objections by all means.

ISABEL MCISAAC.

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DEAR EDITOR: When we consider the large number of people suffering from mental diseases, it is manifest that in order to effect a cure or any alleviation of their sad condition they must be cared for by those trained for the work. This fact has long been recognized, therefore training-schools have been established in our large institutions for the insane with a view to making the nurse assist the doctor in a more intelligent manner. Yet a nurse who has trained for that work is not looked upon by nurses otherwise trained as a graduate nurse, although she has been taught from the same text-books and passed the same examinations. Her sister nurse, who, may be, has been trained in a small child's hospital of say twenty or thirty beds, will look upon a mental nurse as "not a graduate, only trained in an insane institution." If a mental nurse wishes to enter a well-conducted hospital for a post-graduate course, she will be told that her diploma cannot be accepted. Why do nurses take post-graduate courses? Because they feel the necessity of doing so and need the knowledge gained by so doing; they may have graduated years ago and must keep up with the times, or their training, if recent, may have lacked some particular branch of nursing. Now a mental nurse has been trained in her particular branch and also feels a need of taking a course in another branch. Why this demarcation?

Then mental nurses are told that they have not had experience in "physical diseases." Insane people are sick and have to be cared for the same as the sane.

A nurse from a child's hospital has had no experience with adults, one from a gynæcological hospital is confined to the one set of operations, etc., etc. This is an age of specializing. Now, instead of sitting at home and accepting this professional obliteration, I believe in trying to remedy it. In State organization mental nurses must not be passive. They constitute a large number and they must demand the same privileges with other nurses. They must make the difference known between the trained nurses for the insane and the attendants for the insane. To the majority of people the terms are synonymous, which is most unfortunate.

First, I would place all training-schools in our large institutions for the insane in the hands of a graduate of a large general hospital, and have the training on exactly the same footing, or have a woman who has had training in both if possible. The whole thing lies in the head, as everyone knows. I would not appoint a person merely because of her long service in the institution; she might have been in the institution for years in a subordinate position and be



utterly unfitted for the head of a training-school, and a stranger is more apt to maintain good discipline.

Second, those in training should take three- or six-months' training in other hospitals, say three in obstetrical work and three in general, which would include operative cases.

Third, the superintendent of nurses should have separate rooms and eat apart from the other nurses.

Fourth, all pupil nurses should be changed every month, as they do in other hospitals, thereby making them come in contact with all kinds of mental conditions and also with the sick, instead of leaving them on the same ward for months.

No nurse should be allowed on the streets in her uniform, as, unfortunately, is done in some places, as it looks very undignified. This, of course, does not apply to any special hospital, but to all. They should have at least a good common-school education; later women of higher education will take up the work.

I am sure superintendents of insane institutions will be only too glad to help their nurses by making arrangements with other hospitals to give them experience in all branches of nursing. They might exchange nurses, benefiting both sides.

The Boston Insane Hospital is offering a post-graduate course to nurses. This is a step in the right direction; we want reciprocity in our domestic affairs as well as in our national.

Insane institutions are doing good work, and when one considers the way their work is looked upon by some people in these so-called enlightened times, it savors of former ages, when the insane were looked upon as possessed. Let us be progressive and help one another. Insanity is a disease, and as curable as tuberculosis and all other allied diseases. It needs intelligence, education, tact, and all the qualities that go to make a good nurse.

A mental nurse from her training is well adapted to tolerate and understand abnormal mental conditions in all classes of patients. Let us hope to see the time when a knowledge of insanity will be a part of all graduate nurses' training, and when facilities will be offered to mental nurses in other branches of nursing.

FLEUR-DE-LIS.

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DEAR EDITOR: I have been interested in the articles on life insurance and savings-banks, and would like to make the point that neither can claim to be best, in itself, but according to circumstances one may be the best thing for one nurse and the other for someone else. A nurse who has definite claims upon her or who wishes a perfectly certain investment had much better take the insurance company, as your correspondents have well brought out its qualities of protection and security.

But a nurse who has no one dependent on her, and who perhaps has some little resource, or whose family can take care of her in illness, can, I think, do better from a financial stand-point with the savings-bank. In a few good years of steady work she may save a thousand dollars (remembering the compound interest which her money draws), and she can then invest this in first mortgage or some other safe way for five per cent., and can proceed to save as before. I firmly advocate cultivating the savings-bank habit. It has so much flexibility. One can drop all sorts of small sums into the savings-bank, and this is an easy way to collect the annual payment to the insurance company. As we learn about the interest that accrues, we are not at all willing to withdraw from the savings-bank for trivial reasons, and, on the other hand, if any sudden emergency does



come and we find it all but impossible to save money for a few months, it is a great ease of mind to know that it may wait. I have known nurses almost distracted with anxiety over insurance and coöperative societies' payments falling due, which had to be met, no matter what happened. However, I am a firm believer in insurance.

A. B. C.

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DEAR EDITOR: Last summer I paid a visit to the Edith Home on Belle Island, and I enjoyed it so much that I should like my sisters in the profession to know of it.

The house—an old-fashioned cottage painted red—occupies a corner of the island and stands among many trees. Established in one of the comfortable hammocks on the veranda, one ought to be quite happy, for one can enjoy not only the fine view of the Sound, but the soft zephyrs from it. One also has the choice of being *on* the water or *in* it—and the bathing is very good. The trolley comes conveniently near, though not obtrusively so, and a trolley-ride to Stamford or Norwalk in the torrid weather is delightfully cooling. The location combines the comforts of civilization with the pleasures of a seaside resort, and to my mind it is a most attractive place in which to rest for a couple of weeks; one need not even “dream” of patients and doctors.

All these attractions are possible for the sum of four good American dollars per week, and should you wish to take advantage of all the Edith Home offers, write to the superintendent of nurses, 426 East Twenty-sixth Street, New York City.

ANNIE RHODES.

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DEAR EDITOR: In my obstetrical work I have found “Ley’s Nipple Wash” of great assistance. It relieves the natural tenderness of a woman’s nipples when her baby is first put to the breast, and it has cured fissures and raw nipples when other remedies have failed.

It is proprietary remedy, but harmless, and the physicians I have nursed for have not objected to its use. It is certainly a great boon to nursing mothers, many of whom lose the comfort of nursing their babies through the suffering it involves.

I would advise its use night and morning for a month before confinement, and as long afterwards as found necessary.

A. A. A.

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DEAR EDITOR: The conditions described in the article on “Nursing Progress in Japan” would, if the same lines were followed here, eliminate the broken-down nurse and her needs from consideration. We pride ourselves in this country upon being progressive, yet we are compelled to work from twenty to twenty-two hours out of the twenty-four, or to stand alone in our request for proper relief, as, I am grieved to say, in my six-years’ experience as a private nurse I have found that the physician is rare who will render aid unless in doing it he forwards his own interests. There is something radically wrong in a civilized system that breaks nurses down in health in an average of ten years, and this is especially unjust to a class of workers whose lives are spent in the alleviation of suffering in others. We should follow Japan’s lead, with shorter hours, and a regular time for rest.

A SUBSCRIBER.

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[LETTERS to the Editor must be accompanied by the name in full and address of the writer, otherwise such communications cannot be recognized. The name need not appear in the JOURNAL unless so desired.—ED.]



## EDITOR'S MISCELLANY



THE DRUGS USED IN THE TIME OF PARÉ.—Dr. George Dock, of Ann Arbor, writes as follows:

“Reading your interesting account of Paré’s case, I saw that I should have remembered the old medicines that they used in his day. Now that nurses rarely use anything more complicated than Thiersch, some of your readers may be interested in knowing what some of the things were. I can give them to you out of the ‘*Pharmacopœia Londinensis*,’ by Nicholas Culpeper, Gentleman Student in Physick and Astrology, 1695. This is an interesting book, in which one can also learn the preparation of goat’s blood, the burning of young swallows, the preparation of earth-worms, and other interesting things. So, for example, ‘the skull of a man that was never buried being beaten to powder and given inwardly, the quantity of a dram at a time in Betony water, helps palsies and falling sickness.’ If you can’t get the skull of a man that was never buried, ‘elk’s claws or hoofs are a sovereign remedy for the falling sickness, though it be but worn in a ring, much more being taken inwardly,’ but in the latter case ‘it must be the hoof of the right foot behind.’

“The ‘desiccative red ointment’ that was used for the bedsore is made as follows: ‘Oil of roses omphacine, a pound; white wax, six ounces; which being melted and put in a leaden mortar, put in earth of Lemnos or Bole-Armenick, lapis calaminaris, of each four ounces; litharge of gold, ceruss, of each three ounces; camphire, one drachm; make it into an oyntment according to art.’

“Culpeper says ‘this binds and restrains fluxes of humors, and is as gallant an oyntment to skin a sore as any in the dispensatory.’

“Unguentum comitissæ is made as follows: ‘Take of the middle bark of acorns, chestnuts, oaks, beans, the berries of myrtles, horsetail, galls, grape-stones, unripe services and medlars dried, the leaves of sloe-tree, the roses of Bistort and Tormentil, of each an ounce and a half; bruise them grossly and boyl them in ten pounds of plantane-water till half be consumed; then take new yellow wax eight ounces and a half, oyl of myrtles simple two pounds and a half; melt them and wash them ten times in the aforesaid decoction; being washed and melted, put in these following powders, the middle bark of acorns, chestnuts, and oak galls, juyce of Hypocistis, ashes of the bone of an ox leg, myrtle berries, unripe grape-stones, unripe services of each half an ounce; troches of amber two ounces, with oyl of mastich so much as is sufficient; make it into an oyntment according to art.’

“‘This is also a gallant binding oyntment composed neatly by a judicious brain,’ says Culpeper:

“‘The Egyptiacum to be dissolved in eau-de-vie is a simple thing made of verdigreece finely powdered five parts; honey fourteen parts; sharp vinegar seven parts: boil them to a just thickness, and a reddish colour. This potation cleanseth filthy ulcers and fistulæ forcibly, and not without pain; takes away dead and proud flesh and dries.’

“The diachalciteos is made of ‘hog’s grease, fresh and purged from the skins, two pounds; oyl of olive omphacine, litharge of gold beaten and sifted, of each



three pounds; white vitriol burnt and powdered, four ounces: let the litharge grease and oyl boil together with a gentle fire, with a little plantane-water, always stirring it to the consistence of a plaster into which (being removed from the fire) put in the vitriol, and make it into a plaster, according to art.' The stirring should be done with 'the branch of a palm or other tree of a binding nature, such as oak, box or medlar, which is new cut, so that the virtue of the spatula may be mixed with the plaster, cutting off the top and the rind even to the wood itself, the mixture being thus made thick by boiling and stirring and removed from the fire; put in white coperas for want of true chalcitis in powder.' "

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EXTRACT from the Annual Address of the President of the National American Woman Suffrage Association at the opening of the National Convention and International Suffrage Conference at Washington, D. C., on February 12, 1902:

"The world rarely inquires into the origin of a universal belief. It proceeds on the theory that 'whatever is, is right,' and the very fact of the universality of any belief is accepted as a sufficient guarantee of its truth. Such a belief becomes a blind faith, and its defence is not reason, but feeling. Add to a universal belief of this character a supposed divine authority for its existence, and it becomes well-nigh impregnable. The wildest fanaticisms of the race have been aroused through appeals to this kind of unreason. Curiously enough, without the slightest grounds for it, Divine authority has been quoted in support of every departing theory, from the flatness of the earth to human slavery, and has been hurled in defiance at the advocates of every new discovery, from the printing-press to the administration of chloroform. Such a belief has been the basis of a theory that man is the race and woman is the dependent. To question its authority was for many centuries considered a sacrilege and a blasphemy, and consequently all investigation was forestalled at the beginning. The subordination of women is directly traceable to this theory. Every repressive law and custom concerning them is an outgrowth of it, and all opposition to the rights of women receives its strength from the surviving remains of it.

"Four chief causes led to the subjection of women, each the logical deduction from the theory that men were the units of the race—obedience, ignorance, the denial of personal liberty, and the denial of right to property and wages. These conditions were imposed upon women by all nations and all so-called civilized peoples. The details of the enforcement of these conditions has filled the pages of history with cruelty and tragedy which make painful reading to those who perceive their injustice. In fastening these disabilities upon women, the world acted logically, when reasoning from the premise that man was the race and woman his dependent. The perpetual tutelage and subjection robbed them of all freedom of thought and action and all incentive for growth, and women in turn logically became the inane weaklings the world would have them. The world taught woman nothing skilful, and then said her work was valueless. It permitted her no opinions, and then said she did not know how to think. It forbade her to speak in public, and said the sex had no orators. It denied her the schools, and said the sex had no genius. It robbed her of every vestige of responsibility, and then called her weak. It taught her that every pleasure must come as a favor from man, and when, to gain it, she decked herself in paint and fine feathers, as she had been taught to do, it called her vain."

. . . . .



"Nor was it any wonder that man should rise to defend the woman of the past, whom he had learned to love and cherish. Her very weakness and dependence were dear to him, and he believed she was as God intended her to be. He had worshipped his ideal of her through the age of chivalry as though she were a goddess, but he had governed her as though she were an idiot, and saw nothing inconsistent in his action.

"The fate of the woman question turns upon the truth or falsity of the premise from which the world has reasoned throughout the past. If the ancient premise be true, the problem is a complicated one. If 'it be false, then nothing but prejudice can stand in the way of the fullest individual liberty for women. Women are either inferior to men, or they are not.

"Von Baer, a German scientist, pricked the bubble of the fallacy that 'man is the race' in 1828, when he demonstrated that father and mother contributed equally to the physical, mental, and moral character of their children. This discovery was received reluctantly by scientists, but the fact is no longer questioned by those competent to judge. What a flood of light it throws upon the problem. In the perpetuation of the race, the function of motherhood is not the negative, insignificant thing it was once thought, but equal in importance with fatherhood. More, as the race obeys that still higher law which compels humanity to climb onward and upward to newer ideals and nobler conceptions, the hereditary traits of each generation come equally from the father and mother. Can it be that Nature is so poor an economist that she commands the 'mother of the race' to infuse into posterity half its efficiency with the father of the race? It is unthinkable."

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OPENING FOR NURSES.—Among opportunities opening up for nurses, nothing presents a wider field than that offered to the nurse who can plainly and interestingly instruct others in the principles of home nursing. Without seeking to belittle the work of the fully trained nurse, there is a constantly increasing demand for such instruction to the laity as will make most effective their care of the ailing when the trained nurse is not required or cannot be had. Last year one of our nurses gave a single talk on nursing at the Des Moines Chautauqua Assembly. This year comes a request for a series of six lessons—a pleasing evidence of the appreciation of the subject. We may be sure that before long other Chautauqua Assemblies will be making room on their programmes for similar courses. The Woman's Club in a town of five or ten thousand would also offer a medium through which might be given series of lessons profitable alike to the nurse and her audience. Any of our nurses possessing the ability of telling others plainly what they know have opportunity here not only for a new means of acquiring a comfortable livelihood, but for being pioneers in a movement which will give a new dignity to the profession and which is bound to accomplish great good.—*Illinois Training-School Alumnæ Journal*.

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EXTRACTS from Mrs. May Wright Sewall's address before the National Council of Women:

"'The nineteenth century was a century of men,' said one poet; 'the twentieth shall be the century of women,' said another. I choose never to think of woman and man separately, since I believe that their destinies for time and eternity are interlinked. I would therefore say that the nineteenth century was one of nationalization, and that the twentieth will prove itself one of internationalization." . . . .



"The affinity of race has expanded to the larger affinity of principle, aspiration, and purpose." . . . .

"The whole meaning of the International Council of Women can be summed up in a few phrases. It means harmony, instead of antagonism; coöperation, instead of competition; the methods of peace, instead of the methods of war." . . . "The remote end is that this united womanhood may act as a unit in bringing to bear the influence that is distinctively womanly upon life, including international policies, as well as upon every other manifestation of international relationship."

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[FROM a circular recently issued by the Illinois Federation of Women's Clubs the following clause is of especial interest to our readers, and we congratulate the Illinois nurses upon having secured the support and coöperation of so influential an organization.—ED.]

"A bill to be known as an act to provide for the licensing of trained nurses and regulating the practice of nursing as a profession. This has come to us through the Graduate Nurses' Association of Illinois, said organization now being members of the State Federation, and is the result of resolutions which were passed at the International Congress of Trained Nurses held in Buffalo, September, 1901. We ask that you give this very special attention on account of its unquestionable need, for, as Dr. Sarah Hackett Stevenson says, it is another measure tending towards higher education; and Dr. Daniel R. Brower, in an address before the Illinois Training-School for Nurses, says: 'If the man who prescribes the medicine and the man who compounds it are licensed by the State, should not the most important one of all, the nurse who administers it, be registered under State laws?'"

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SUFFRAGE IN SWEDEN.—At the last Suffrage Convention in Washington Mrs. Evald, delegate from the Frederika Bremer Association of Sweden, told much of interest regarding the position of women in Sweden. In the seventeenth century they had votes in school, church, and municipal affairs. To-day all suffrage in Sweden is limited to property-owners, and women taxpayers vote equally with men except just for the highest chamber of their Parliament. They serve on School Boards and Boards of Guardians of the Poor. Unmarried women and widows have full property rights, and married women control their own earnings, bequests, and any income stipulated for before marriage.

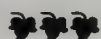
All educational opportunities are open to women, except that some high schools charge fees for girls, being free to boys. Co-education prevails in several schools, in the high schools, and in the universities. Women may follow any profession except the ministry. They are extensively employed by the government in the railway, telegraph, and postal services. The Frederika Bremer Association does a vast work in educating and helping woman in every line of modern progress.

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THE National Congress of Mothers is working to establish closer relations between the home and the school by the formation of clubs where parents and teachers may meet and talk over their common problems. It is also striving to encourage the establishment of Juvenile Courts for children between six and sixteen, who have formerly been shut up in the city jails with hardened criminals, sometimes for weeks or months. Juvenile Courts have now been established in several States.



## EDITORIAL COMMENT



### OUR WINTER JOURNEYINGS

It has been our privilege during the past winter to be present at the meetings of a number of clubs and alumnæ associations in different cities, and we have also met a great number of nurses socially, and have been entertained by many of them very delightfully. We do not hesitate to say that the JOURNAL is proving to be a strong bond of interest between the nurses of this country, and since its inauguration, with the Congress at Buffalo as an inspiration, greater unity of purpose has developed than during any previous period.

The two vital subjects of general interest are organization for registration and preliminary training. We noted also with great satisfaction, in the lecture courses being given in Philadelphia, New York, and Boston, a broadening out upon lines of greater cultivation, instead of keeping exclusively to professional subjects.

We were especially interested in the Philadelphia County Nurses' Association, which organization was the direct outcome of the convention at Buffalo, the alumnæ delegates returning to advocate the formation of a local association which should bring the nurses of all schools resident in the city into closer and more harmonious relations. This society, in organizing, fixed its initiation fee at five dollars, thus at the outset providing the means to pay for a course of lectures by a noted man on literary subjects. On the occasion when we were present the subject was "Kipling," and so long as we live this author will have a more interesting personality because of that hour of pleasant entertainment and instruction. The attendance was exceptionally good, fully one-half of the members being present.

The president, Miss Lucy Walker, in speaking of the work to be undertaken by the club in the future, said, very wisely, "We shall first learn to play together, and learn to know each other before undertaking any serious work." We found these nurses anxious to be instructed in the principles of registration, and we shall expect to hear that this society is leading the movement for the organization of a State Association in Pennsylvania.

Mention has already been made in this JOURNAL of the lectures given under the combined auspices of the alumnæ associations of New York City. The three which we were fortunate in being able to attend, two by Mr. Ely and one by the City History Club, all most interesting, were not well attended, there being not more than twenty-five nurses at either one of the three lectures mentioned. We believe that New York, more than any place we know of, needs a strong local organization that shall bring the nurses of *all* schools into closer working and "playing" relations. The school lines here are still too sharply drawn, and such lines prevent the progress which one naturally looks for in the greatest nursing centre in the country. The New York State Nurses' Association is bringing the women of the State into more intimate relations; still, when one considers the total number, the membership in that society is small.

The Boston Nurses' Club is working a revolution in the attitude of the graduates of different schools towards one another. During the winter the sub-



ject of a club-house has been agitated, and we hope may soon be realized. As the guest of honor at the annual reception of the club, held at the Hotel Thorndike on the evening of March 13, we had an opportunity to observe the entire absence of school prejudices in this very notable gathering of nurses.

Massachusetts has been a little slow in taking hold of the subject of registration, but there is a degree of intelligent thought being given to the matter which will bear good fruit when the time for action comes.

To return again to the subject of lectures, we were fortunate in being able to attend one of the regular Friday afternoon lectures to the Senior Class at the City Hospital, to which the graduates of the school are always welcome, and we were one of a number of guests upon this occasion. The subject of the lecture was on "Civics," school suffrage, tenement-house problems, and allied subjects being the speaker's themes. Mrs. Mead is one of Boston's noted women lecturers, and her address would have been most entertaining if she had not gone out of her way to tell one of those objectionable stories that the lay public seem to think it always their duty to tell to nurses, with absolute disregard of all courtesy.

Mrs. Mead spent some moments before entering upon the subject of her discourse in warning nurses against the prevailing tendency to become hardened, to have their sympathies blunted, and to lose all reverence and delicacy, through familiarity with suffering. She spoke with authority, because she had once known a young girl before she entered a training-school, who was a lady of most delicate sensibilities, sympathetic, warm-hearted, and considerate, who upon her first visit home after a very few months in the hospital shocked her friends by the irreverent manner in which she spoke of the dead as "stiffs."

We do not question the truth of Mrs. Mead's statement, but we claim that such a story, told to a large audience of nurses, made up of pupils, graduates, and officers of hospitals and training-schools, was out of place and most discourteous. In our quarter of a century of close association with nurses we have never met such a woman. She would not be permitted to remain in any reputable school a single hour. We think it is time for the public to drop the idea that the professional nurse of to-day still belongs to the criminal and ignorant classes. Our faults may be many, but we have yet to find a perfect woman in any class of society, and we feel quite sure that Mrs. Mead would not presume to speak with such frankness before an audience of society women, as common, every-day good manners would make such plain speaking impossible. We certainly have a right to the same amount of courtesy that is accorded other women.

We shall postpone mention of a very charming visit to Baltimore and the Johns Hopkins until we are able to give Miss Nutting's paper on preliminary training.

One of the most delightful experiences that we have enjoyed for many years was a prolonged visit with Miss Dolliver at the Massachusetts General Hospital, when we were allowed to come and go, work or be sociable, just as circumstances and our inclination dictated.

The spirit of improvement has struck the dear old place, and new buildings with wonderful proportions are still being added in many directions, threatening to overshadow the graceful old granite structure with its classic lines.

To be present at our own Alumnae Association meeting, and to speak to its members, old and new, on the subject so dear to our heart, "registration," was



another great pleasure, and to be made to feel that, although so many years absent, our place was still there touched our heart deeply.

In fact, wherever we have been, even where the faces were all strange, the cordiality with which the editor of the JOURNAL was received and appropriated was one of those gratifying experiences which words cannot express. The little journey of ten weeks was just a succession of pleasant episodes, the memory of which will always remain with us.

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#### NURSING INSTITUTES.

THE endowment of Simmons College as a technical school for women promises to open the way for a central nursing institute for Boston, where the pupils of all schools within the radius may receive the theoretical and preliminary instruction necessary before entering the wards of the hospital for the practical part of their nursing education.

The idea that a nurse shall be taught the theory of her work before entering the wards is no longer new, but to separate the theory from the practice means a complete revolution in the present methods of training-school administration.

Mention was made in the first number of this Journal (October, 1901) of a plan which Miss M. E. P. Davis was trying to work out in Boston for a central preliminary school for nurses. The financial difficulties attendant upon her scheme prevented its development, but her agitation of the subject undoubtedly prepared the way for the plan which may be worked out in connection with Simmons College.

On March 12 a public announcement was made of the aims of the college, which included domestic science in all its branches, secretarial work, library technique, horticultural and landscape gardening, and a general scientific course, "to be of special value to teachers or to those wishing to prepare themselves for medicine or *nursing*." Immediately, Miss Davis and Miss Palmer, who was at that time staying in Boston, invited eight of the leading superintendents in that locality to a luncheon at the Hotel Thorndike, where the subject was discussed of asking the trustees of Simmons College to establish the much-talked-of preliminary course upon such lines as the superintendents and hospital managers should advise.

The guests present were Misses Drown, Riddle, Dolliver, McDowell, Jamme, Hutchinson, and Stevenson, Miss Richards not being able to attend. These ladies formed themselves into a committee and selected Miss Dolliver as their representative to call upon one of the trustees to submit the plan and to ask for further conference. So ably did Miss Dolliver execute her mission that another meeting of the committee was held, an outline drawn up, and Miss Davis, Miss Riddle, and Miss Dolliver appointed a committee to confer with the dean, Miss Arnold, who received their suggestions with the greatest interest and gave them cordial assurance of her coöperation in making the plan a success.

We believe that in those cities where technical schools already exist such courses could easily be established with comparatively little additional cost. For instance, in our own city of Rochester the Mechanics' Institute has an exceptionally fine domestic science department, and it already includes in its corps of instructors a number of able physicians. In the nursing corps of the city are many able women, from among whom one could easily be selected to take charge of such a course, and it would be in line with the policy of the institute to provide such additional facilities as might be necessary to make the course a success.



Such institutions as the "Pratt" in Brooklyn and the "Drexel" in Philadelphia, we should think, could easily be made available for a special course of instruction to nurses.

The movement for this radical change in the method of training nurses comes from the superintendents of schools who have had long years of practical experience, with opportunity to judge of the defects of the present system. Hospitals are becoming more and more educational institutions, and this is right to just the extent that teaching does not interfere with the best welfare of the patient, but to carry on classes in theory, with lectures and examinations at the time when the services of the nurse are so essential to the general welfare of the hospital, complicates the administration to an alarming degree, as the demand for the more careful theoretical instruction of the nurse increases from year to year.

The more universal the agitation, the more quickly the change will be accepted.

When we have established central nursing institutes we shall have made great strides towards a uniform curriculum. With the pupils from half a dozen schools receiving their instruction in anatomy, physiology, hygiene, bacteriology, domestic science, etc., etc., from one staff of able instructors, all passing the same examinations, it will then remain for the hospitals to provide instruction in practical nursing in all its varying branches.

The whole idea of preliminary training means a great reform, and the plan is yet so new that it needs the united energies of our ablest women. How the idea has taken form at the Johns Hopkins will be given in the next number.

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#### STATE MEETINGS.

THE annual meeting of the New York State Nurses' Association was a notably well conducted and harmonious gathering. It needs to be plainly understood that those nurses who have become members during the year are *charter* members individually. It now remains for the associations to make application for membership, according to the instruction given in the secretary's report. Hereafter the official reports and announcements of the society will be made through the pages of this JOURNAL.

We understand that the Illinois nurses are to fix the eligibility lines at their next meeting, and we also are advised that the nurses of North Carolina are moving in the direction of State organization.

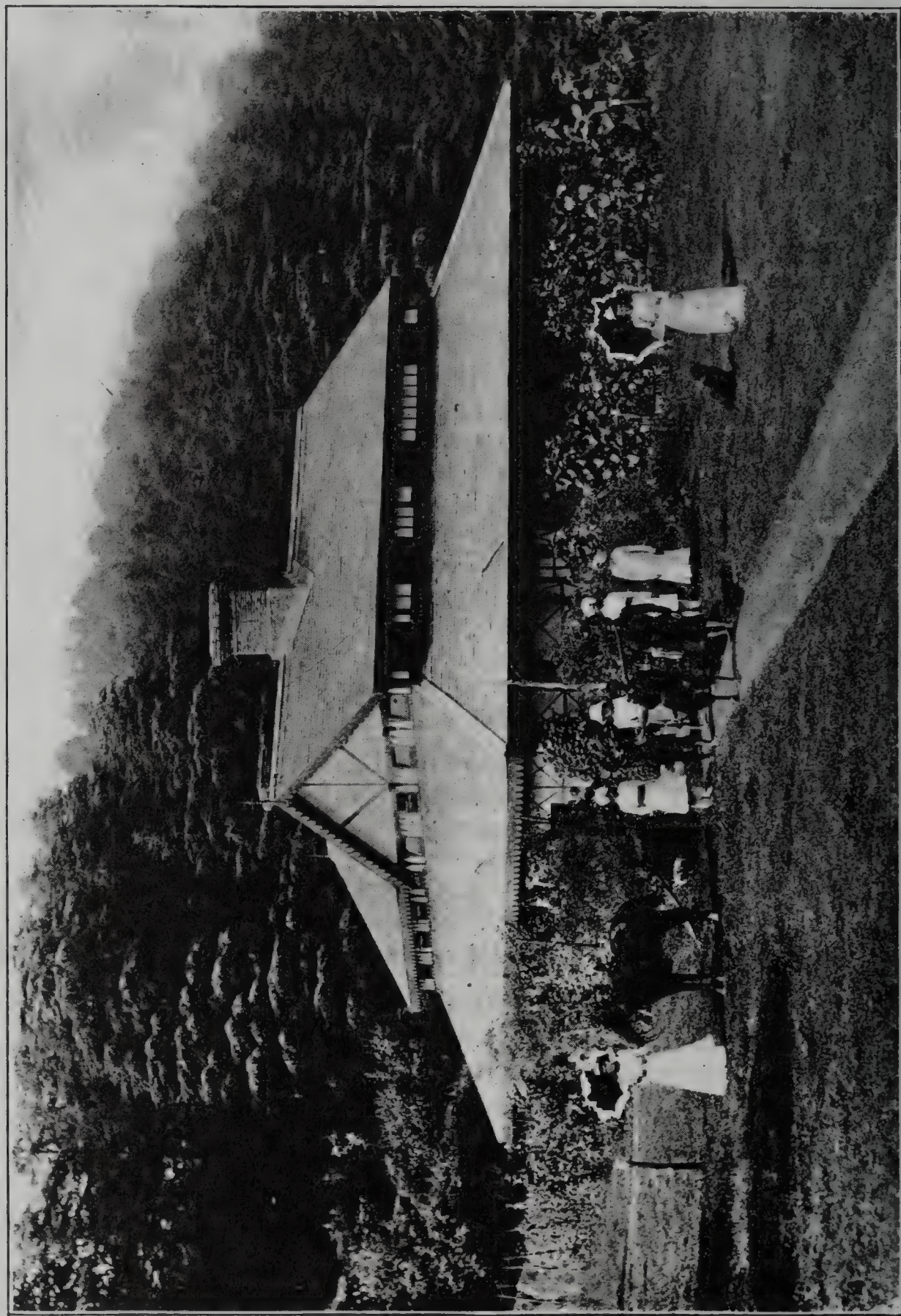
When the young nurses of to-day look back a quarter of a century to this time when State organization began, what a strange, crude condition of things will seem to have existed. It is for us to sow that those who are to come after us may reap.











OUR BUNGALOW IN DALHOUSIE



# THE AMERICAN JOURNAL OF NURSING

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## INVALID LIFE IN COLORADO SPRINGS, COL.

BY MARGARET EASTBURN

Colorado Springs

“What is the help that cometh from the hills?  
Strong pulses, full-drawn breath, and sinews tried?  
Still may they cleanse the body of its ills;  
But higher virtues have the hills supplied:  
They train the soul to climb; they best provide  
The health of spirit, sanity of mind,  
Wherein the purest fires of life reside,  
And noble souls of old were quick to find  
God in the wilderness and on the mountain shrined.”

WHAT I shall say of the climatic conditions of Colorado Springs is true also of the whole “temperate belt,” as it is called, of Colorado,—a strip ten to fifty miles in width, along the eastern foot-hills, where plains and mountains meet. And I shall quote to some extent from eminent physicians who have lived here some years and whose statements regarding the climate are well timed and are verified by my own observations of two years.

There are three things common to all Colorado that must never be lost sight of—blue sky, sunshine, and dry air. But to speak of this “temperature belt:” The sun here shines about sixty-two hours out of every hundred in which it is above the horizon. In Philadelphia the ratio is forty-nine. During the winter months, the trying time for the invalid, the difference is more striking still. One of the greatest advantages of this eastern belt along the front of the range is the early morning sunshine. There are no high mountain ranges for the sun to climb, as in so many high-altitude resorts in other lands, but its first rays above the low eastern horizon are at once warming and cheering. The sun is up almost before the invalid is awake, and the air is warmed for



his out-door life without a long wait till mid-morning. In Davos, Switzerland, we are told, the sun on January 1 does not rise till ten A.M. and sets at three in the afternoon, a possible sunshine of only five hours; while here on January 1 the sun rises at seven-thirty A.M. and does not set till about four-thirty, more than nine hours of sunshine. Indeed; one unacquainted with it cannot know what an impetus to life the almost daily beautiful morning sunshine is. We cannot refrain from exclaiming with fervor,—

“ We wake each morn as if the Maker’s grace  
Did us afresh from nothingness derive,  
That we might sing ‘ How happy is our case,  
How beautiful it is to be alive!’ ”

It has been my observation during my two-years’ residence here that nearly every day begins with the beautiful, cheering sunshine, and when it storms, the storms come up quickly sometime during the day. This is a delightful feature, for it seems to me that if one can begin the day well, the rest of the day will take care of itself.

We practically escape March here. That is, this month here is so much less a time of rain and snow and slush and mud and bitter winds than it is in the East that it passes without particular notice. During the month of March and in early April snowfalls are not uncommon, but the snow disappears very rapidly under the heat of the sun. Often twenty-four hours after one of these short snows the dust is blowing on the sunny side of the road. Oftentimes in April, however, we have a light blizzard, and perhaps two weeks pass before the snow is entirely gone. But at all other times it is as above stated.

The fall and winter months are inexpressibly delightful, and the summers are cool and comfortable. Two of Colorado’s disagreeable features are wind and dust, but the duration of the wind-storm is usually short, and after enjoying day after day of brilliant sunshine one can forgive an occasional wind-storm of a few hours.

The clothing worn here, save high in the mountains, is such as is commonly worn in New York and New England and in the Western States of about the same latitude, except that in winter the heavy overcoat is less needed, and in summer the thinnest underwear is apt to prove not quite heavy enough.

Attractions to an out-door life are present on every hand, and the invalid is irresistibly drawn out into the pure, fresh air and dancing sunlight. The wide horizon, with its beauty of soft, level plain or grandeur of mountain peaks, is a constant joy, and the enforced quiet of recovery loses much of its irksomeness; indeed, I think the attrac-



tions of scenery lend much aid towards one's rapid recovery, because self is almost forgotten in the enjoyment of it all.

Of course, the benefit derived is dependent not upon climate alone, but much depends upon food and care too. One doctor says that the sources of the benefits derived should be considered in three classes, allowing one-third for climate, one-third for food, and one-third for care. And I think that is a proper division. Several cases have come under my notice forcibly illustrating the need of all three conditions. Several cases where the persons were able to be about and were energetic and ambitious and thought that they had good climate and good food went into business under the doctor's protest and in a short time used up all the strength they had, and as a result died, while, had they taken an absolute rest of one year longer, the doctor said they had every chance of perhaps complete recovery. Other cases there were where the persons had every chance so far as the stage of the disease was concerned, but were too poor to procure the proper food.

And, also, too many invalids coming to Colorado depend upon their own ideas or the suggestions of their friends as to their conduct of life, often to their great detriment. Even physicians who have not lived here should not attempt to direct the patient in so new and different a climate.

I would like to give a strong note of warning in regard to the amount of exercise a patient should take upon coming here. Through ignorance of this one point I almost lost my own life, and am not yet sure what the outcome will be. Physicians sending patients to a high altitude do not always impress upon them the fact that the change they are about to make will be a most radical one—that they are going to an elevation of from four to six thousand feet greater than that to which they have been accustomed, and as a consequence an acclimating process will almost of necessity ensue which will compel them, for a time, at least, to pursue an entirely different line of living from that to which they were advised at home or on sea-level.

“The patient should be made to understand that the first effect of a high altitude is one of over-stimulation and over-work for all of the organs, more especially the heart and lungs. He should make no attempt to get more than a few blocks from his hotel or boarding-place for at least ten days or two weeks.”

“Sometimes patients come here, and, acting upon the advice received at home to ‘rough it’ and ‘take all the exercise you can stand in the open air,’ start off immediately, endeavoring to take in the whole Pike's Peak region in a single day. The first effect of his change to a high altitude is one of exhilaration, both physical and



mental. He hugs the delusion that he is rapidly regaining health and is on the highway to permanent recovery. By his indiscretion as to exercise the inevitable reaction comes only too quickly, and he finds himself prostrated with perhaps a strained heart, high temperature, and an active renewal of hostilities and extension of disease from a partial or completely arrested area."

Dr. Anderson says: "I am convinced that the consumptive invalid requires the same amount of supervision and care and restriction as an irresponsible child. This is the more manifest when we consider the hopeful nature of the disease, the almost invariable conviction of improvement, and the usual tendency to belittle, if not entirely to ignore, symptoms. He is inclined to overestimate strength, almost invariably failing to recognize the necessity of rest and quiet." This too has been my experience and observation.

There are three sanatoriums here, a hospital, and the Childs-Drexel Home for Union Printers, a large number of trained nurses, and excellent physicians.

One of the sanatoriums has just been opened and is managed by private individuals. It is called the "Nordrach Ranch," and the Nordrach system is to be followed out as closely as is possible. The situation is ideal—about three miles northeast of the city at the foot of Austin's Bluffs, with the full power of the sun from the south, east, and west, and protected from the north by the picturesque bluffs. There is a resident physician and trained nurses. The house is commodious and comfortable, and at a little distance from it, but connected with it by electric bells, is a little colony of tents, fashioned after Dr. Gardiner's plan and furnished so that the patient can sleep in them the whole year round. The rates here range from forty dollars per month up in the house and fifty dollars per month for the tent, and this includes doctors' and nurses' care. The rates are much the same in the other sanatoriums. There are many good boarding-houses in the town, and the rates range from six dollars to fifteen dollars per week, including room. The average rate of board, including room, is about eight dollars per week.

The patients who gain most rapidly are those who can sleep on a second-story veranda or in a tent. I have spent a year and a half in a tent and was forced to go into the house at night only one week of that time. Last winter I slept in it without fire with the thermometer at twenty-four degrees below zero, but such severe weather lasted only a week, and that was the coldest night. During the rest of the week it ranged from eight degrees to sixteen degrees. In this dry climate we did not realize that it was so cold. Of course, the expense of this kind of



life varies. In the first place, the size and style of tent means a great deal as to the first outlay. Then the board apart from that can be had for from five to eight dollars per week. Ranch life is not usually satisfactory. The food given is not good and the accommodations are poor. I know of but one satisfactory ranch near Colorado Springs, and only a limited number of guests can be accommodated.

Before I end my paper I want to emphasize the fact that the patient must not think that he can get well just by spending a month or two here, or perhaps a winter. Colorado's bright sun and clear, pure, dry air are very powerful, and if given a chance do make remarkable cures, but they cannot work outright miracles.

Another point I must speak of. Contrary to the general public opinion of health resorts, Colorado Springs is not an unpleasant place to live in on account of the invalids present. It is doubtful, were attention not called to it, if a stranger would judge it to be a health resort from the appearance of the majority of the inhabitants. And, too, it is a gross error to think that because it has been a health resort for so many years it must be a disease-breeding place. A report made to the Climatological Association in Washington, D. C., a year or so ago, shows that a person in good health runs a minimum amount of risk of contracting tuberculosis here, as only twenty cases of this disease were contracted during the twenty years previous to that time. One needs only to compare this number with the number of cases contracted in cities not considered as health resorts to see that this thought should have no weight with one planning to come here.

Another feature of Colorado Springs that should appeal strongly to the invalid is that it is not merely a sanatorium, but it is a home as well. To one with a family especially it is a rare privilege to find so easily a healthful out-door life in sunny fields, a mile above sea level, and yet be able to give his children the advantages which a city of this size (twenty-five thousand) offers of schools and civil education, libraries, and opportunities to attend concerts, lectures, etc. So, not only does Colorado provide pleasant and helpful surroundings for the invalid during his convalescence, but it offers a greater advantage still in the opportunity for employment and business enterprise after recovery of health. In many of the famed health resorts there is nothing but the dwelling-houses and the sanatorium on some isolated mountain-side. When the patient is again able to resume his work in life he is forced to return from his health-giving resort to the old conditions, exposing himself again to the treacherous climate from which he fled.

Indeed, I feel that I cannot say enough for this delightful climate and the marvellous cures it effects. I can only say that many, many



homes have again been made happy by the restoration to health—comfortable health, at least—of husbands, fathers, sons, daughters, and many hearts are filled with gratitude and the force of the thought,—

“God’s in His Heaven,  
All’s right with the world.”

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## THE INDIAN ARMY NURSING SERVICE \*

By A. ARKLE

Delegate from the India Nursing Service of Great Britain

THE Indian Army Nursing Service was initiated by that good friend of the British soldier, Lord Roberts, in 1888, and although it has been in existence only fourteen years, there has been a great advance in the understanding of nurses and nursing in India and of the necessity for nursing, and in the care given to sick soldiers now acknowledged to be necessary for them.

Candidates for the service apply to the Under Secretary of State for India, and must have had *at least* three-years’ training in a civil service hospital. The service is composed, first, of lady superintendents, of whom there are four (one in each command), and nursing sisters, of whom there are between fifty and sixty. We are an integral part of the military-medical department and are subject to court-martial in the usual way. Promotion of nursing sister to lady superintendent is made by the principal medical officer of his Majesty’s forces in India on the grounds of experience, administrative capacity, and personal fitness. Last year six sisters were sent to China when war broke out.

The duration of the term of service is five years, after which time the sister is entitled to one year’s furlough out of India on two-thirds pay with free passage to and from her station. At the end of five years she can leave the service or sign an agreement to return for another term. In the event of her leaving she will receive a gratuity of five hundred rupees (about one hundred and fifty dollars) after the first term, fifteen hundred rupees (about four hundred and fifty dollars) after the second term. (The gratuity given to a lady superintendent is proportionately higher). If she agrees to return, she receives two-thirds pay while on furlough. Should she leave before her first term of service is completed (for any cause save sickness), she will be obliged to pay the sum of twenty-five pounds (one hundred and twenty-five dollars) or give six-months’ notice and pay twenty pounds (one hundred dollars).

After fifteen-years’ service the sister receives a pension of about

\* Read before the Congress at Buffalo in September, 1901.





S. Hughes

S. Adela

S. R. TOMAR

THE HOSPITAL CORPS







two hundred and fifty dollars per annum. After twenty-years' service this pension is increased to about three hundred dollars, with an addition for every year's service as lady superintendent.

In addition to free quarters, fuel, light, and punkali-pullers, the lady superintendent receives three hundred rupees a month, the nursing sister one hundred and seventy-five rupees. When she becomes "senior sister" in a station (where there is no lady superintendent) she receives two hundred rupees. There is always a small compensation allowance varying with the rate of exchange. Pony allowance of thirty rupees a month is allowed on field service provided a pony be kept.

The lady superintendent has control over all the sisters in her command. Once every year she visits the nursing staff of all hospitals in her command for the purpose of inspection, and afterwards submits a full report on the manner in which each sister has done her duty, which reaches the principal medical officer of his Majesty's forces in India through the prescribed channel. Should the report not be favorable, it must be shown to the sister concerned, who has the opportunity of making an appeal, and has the right to have the matter inquired into by a board of officers in the usual way.

The senior nursing sister does the housekeeping and is responsible that order and regularity be carried out in the quarters and in the wards.

When a new sister arrives at a station she usually pays an entrance-fee for the use of crockery, cutlery, glass, etc.,—in fact, for all those things we need in the quarters not provided by government. This is very hard on a sister who is moved often from station to station, and much expense would be spared the sister if the government would grant a small amount yearly to cover these expenses.

The hours of the sisters on duty vary in some stations. As a rule there are three sisters in one station. No. 1 sister comes on duty at seven A.M. and remains until two P.M. No. 2 comes on at two and stays until eight P.M., or nine when there is anyone very seriously ill in the ward. No. 2 again comes on the next morning at seven A.M., while No. 3 is doing night duty from nine P.M. to seven A.M. Night duty we take for a week in turn.

During the term of five years the sister is allowed two-months' privilege leave on full pay. She can also occasionally get (if convenient) ten-days' station leave, and sometimes even three-days' district leave is given. Sick leave up to a maximum of six months is allowed during the term of five years. This leave *must* be taken in India!

For each ward with an average of twenty-five beds there are two orderlies. The orderly's relief is changed every six hours, and in most stations there are four reliefs. Sometimes when special orderlies are required there are as many as eighteen or twenty doing duty in the wards



where the sisters work. Before the orderly gets his certificate he is put through a course of stretcher drill by the medical officer, after which (if he passes his examination) his nursing certificate is given, signed by the medical officer and the sister in charge. One great difficulty in training orderlies is the little time one sometimes has in which to do it.

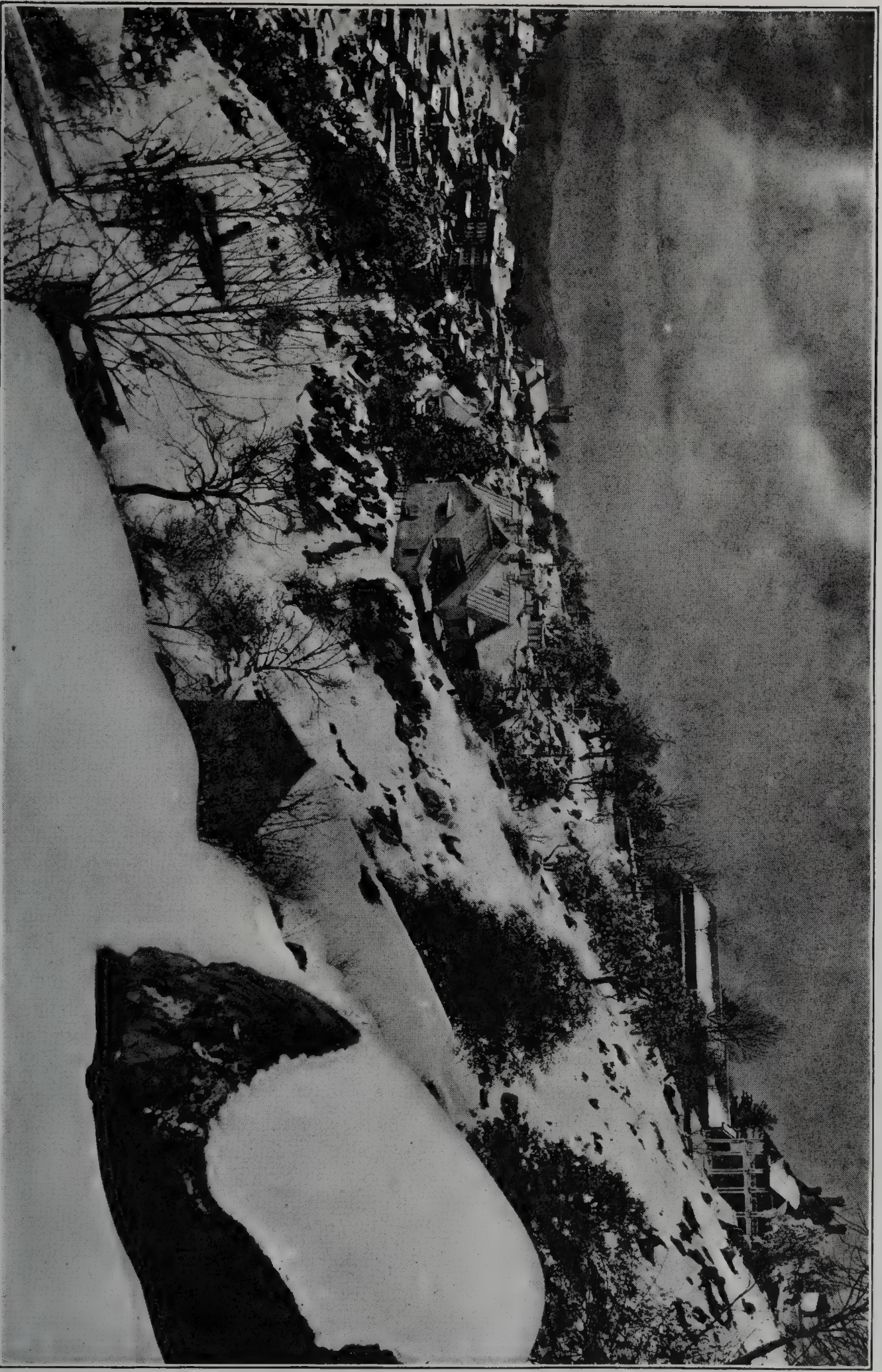
Frequently from stations where no sisters are sanctioned men are sent from the regiments, and are expected to be efficient nurses at the end of three months. This clearly is impossible, and the certificates are not worth much. Now, in stations where there are sisters the orderlies are generally allowed to remain for quite twelve months, only being called in to the regiment once for about a fortnight for their musketry training. At the end of the year, if the man is intelligent, conscientious, and fond of his work, it is surprising how capable a nurse he makes. I have met a few most excellent. If he is not a suitable man in every way, he can always be returned to the regiment and another man sent in his place. In addition to the practical training in the wards, the senior sister holds a class about once a week on the general principles of nursing. Very often orderlies remain three and even four years in the wards at their own request. Native servants do the roughest of the work in the wards.

I think it is quite impossible to point out the great good done by the influence of women in the wards (they must be first-class women, both technically as nurses and as ladies) and the good tone introduced by nurses fresh from the perfection of management of a civil hospital at home.

From my own experience I find the orderlies much better and more willing to learn than I expected. I have seen them so infinitely gentle when handling a sick comrade, and soldiers, when sick, behave most splendidly, and are always grateful and cheerful. For our wards all the cases are acute; when convalescent, they go to the other wards; when chronic, they come home to Netley.

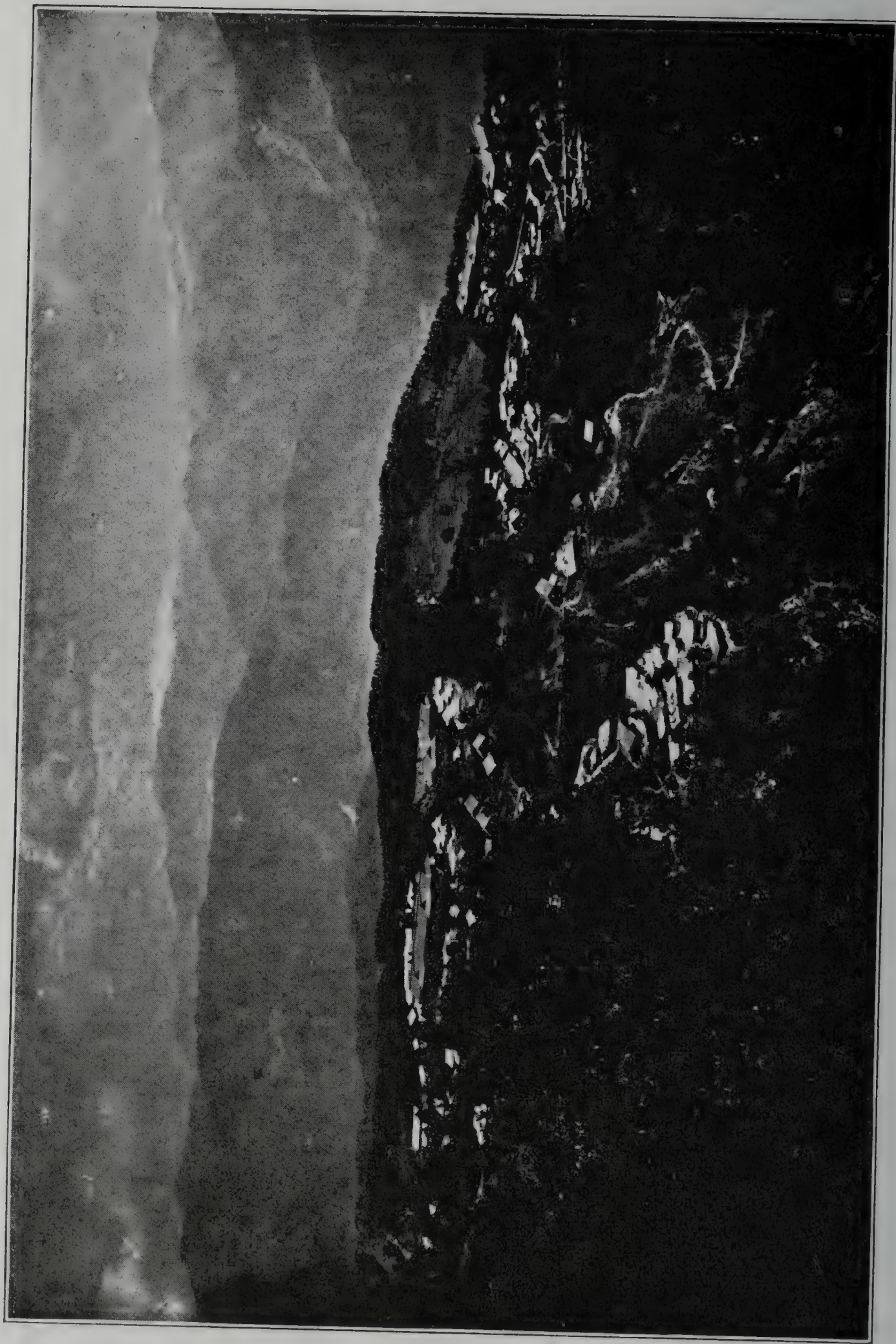
When there are many cases and the work is heavy (which, by the way, it almost always is in some stations), the sister, in addition to her ordinary duties, has to help the orderlies, and sponging patients with the thermometer one hundred and twelve degrees in the shade is no easy work, and you can imagine how persistently one has to sponge or ice-pack in a hot climate, and how imperative it is in cases of heat-stroke and fever. Yes, after some months of this work one does so long for the delights of the cool Himalayas; and with what a sigh of relief one wakes up the first morning of the sixty-days' privilege leave. It is astonishing how many of the orderlies prefer remaining in the furnace below to what they describe as "climbing them khuds" (khud means a mountain-side).





MURREE, A HILL STATION IN THE PUNJAB, IN WINTER  
Murree from above Telegraph Office





DALHOUSIE, A HILL STATION, IN THE SUMMER



The suggestions I would make are:

1. That a messing allowance be granted.
2. That the number of the sisters be increased, so that no military station is without them.

3. That the sick-leave might be extended to leave in England or a sea-voyage if the medical officer considers it essential, the government to provide the passage both ways. At the present time our sick-leave *must* be taken in the country, and I think we all agree that India is not generally chosen as a health resort.

At the same time our service is young, and already the government has made many reforms, and scarcely a year passes that one does not find some little alteration for the better, and I am sure in time it will be *almost* perfect. Our quarters are always large and comfortable, the pay is good, the amount of leave is most generous, there is a pension at the end of our service, and there is that home-feeling one has in one's quarters surrounded by one's little gods. One can keep a pony-trap or bicycle, and one can have one's live pets about one. This to an animal-lover means a great deal, and I think a real change is good for one. When off duty we can potter around in the garden, play tennis or any other game we like,—golf is a favorite,—and I think a good canter across the country is about the best medicine for a nurse I know of; after it one goes on duty so fresh. I take it that to *really remember the men* and give them of our best when on duty, we must try to quite *forget* them when away from the wards.

Now I am afraid you will all be a wee bit disappointed at my paper, but it is quite impossible to explain everything to you unless you come out to India. I cannot expect you to believe, for instance, that the thermometer can drop thirty degrees in thirty seconds, though this is a fact.



“ . . . EVER the blind world  
Knows not its Angels of Deliverance  
Till they stand glorified 'twixt earth and heaven.  
It stones the Martyr; then, with praying hands,  
Sees the God mount his chariot of fire,  
And calls sweet names, and worships what it spurned.  
It slays the Man to deify the Christ.

. . . . .  
To those who walk beside them, great men seem  
Mere common earth; but distance makes them stars.  
As dying limbs do lengthen out in death,  
So grows the stature of their after-fame.”

—MASSEY.



## RECENT CHANGES IN THE CURRICULUM OF THE MASSACHUSETTS GENERAL HOSPITAL TRAINING-SCHOOL FOR NURSES

BY RICHARD C. CABOT, M.D.

IN the paper entitled "Suggestions for the Improvement of Training-Schools for Nurses," published in the *Boston Medical and Surgical Journal* for November 21, 1901, I pointed out what I believe to be four needs for most training-schools for nurses, namely:

1. A sound financial basis, the students helping to pay the salaries of paid instructors.
2. Nursing taught by nurses, medicine by physicians.
3. Preparation for private nursing by being taught in private families and by private nurses.
4. A better-balanced curriculum, containing liberal as well as purely technical studies.

During the past year under the able and devoted management of Miss Pauline L. Dolliver, superintendent of nurses, some advance has been made in the Massachusetts Hospital Training-School along the lines which I advocated in the paper above referred to. The most important of these I regard as the employment of three more paid instructors in addition to the two already employed. Miss Dolliver herself and her first assistant, Miss Gorman, were, until this year, the only regular paid instructors in the school. Miss Olivia Sandahl has also for some years given some instruction in massage. This year a teaching nurse, Miss Annabella McCrea, was engaged, with the understanding that her work was to be chiefly that of instruction. Two physicians, Dr. Thomas J. Manahan and Dr. George S. C. Badger, were also engaged at a salary of three hundred dollars each. Each of these gentlemen gives one hundred hours' instruction per year. Their teaching covers the whole of the ground heretofore covered by a large corps of unpaid instructors during the first two years of the nurses' training. Dr. Badger instructs in what may be classed as medical subjects, and Dr. Manahan in surgical subjects. More specifically, Dr. Manahan instructs in anatomy, surgical pathology and bacteriology, anæsthesia, bandaging, and the care and dressing of wounds, fractures, emergencies, etc. Dr. Badger covers the subjects of physiology, materia medica, therapeutics, diet, hygiene, observation of cases, hydrotherapy, and nursing in the specialties. Most of the instruction is given in the wards in the form of section clinics, each class being divided into sections of about ten pupils each. The nurses are examined directly by their instructors.

Through the employment of these new instructors we now carry out



the idea that nursing should be taught by nurses and medicine by physicians. We face squarely the fact that we do teach nurses medicine (although our teaching must be pretty superficial), but that we also teach them subjects not ordinarily included in medical work and for which not physicians, but nurses of skill and experience, are the best instructors. An important advantage of this system is that the instructors become more familiar with the individual nurses, their capabilities and needs, than is possible under the old system, whereby each of a dozen or twenty physicians gave a few lectures on some special subject.

Since June 1 of last year the nurses have been given regular instruction in etherization, and have had an opportunity to give ether a number of times.

The curriculum in the school has also been widened through the opportunity which the nurses now have for studying maternity cases in connection with the Sloane Maternity Hospital of New York and at the New York Lying-in Hospital. They see something of nursing in private families through the tending of cases in connection with the Out-Patient Department of the latter institution.

We have not as yet made much progress towards introducing into our curriculum any liberal studies, such as are taught in most technical schools as an offset and balance to the purely technical instruction. The only hint of a move in this direction has been the providing of nurses to read aloud to convalescent patients for an hour or so daily. I have often had occasion to regret the inability of many nurses otherwise well trained to read aloud acceptably. In many cases this is the most important part of the nurse's duties, and in my opinion every training-school for nurses should teach it as a regular part of the curriculum.

We have not as yet attained the position when students pay or help pay the salaries of their instructors. That is a more difficult reform and one needing considerable time for its accomplishment.



AMERICA has proved that it is practicable to elevate the mass of mankind,—that portion which in Europe is called the laboring, or lower, class,—to raise them to self-respect, to make them competent to act a part in the great right and great duty of self-government; and she has proved that this may be done by education and the diffusion of knowledge. She holds out an example a thousand times more encouraging than ever was presented before to those nine-tenths of the human race who are born without hereditary fortune or hereditary rank.—DANIEL WEBSTER.



## THE FINSSEN LIGHT TREATMENT FOR LUPUS

By EVELINE DICKINSON

Sister of the Light Treatment Ward in the London Hospital

AMONG the many disfiguring and blighting diseases which have fallen upon mankind, lupus takes, unfortunately, a prominent place. Until quite recently medical science has sought a cure in vain. Treatment by cauterization and scraping left a permanent scarring, with more than a probability of recurrence. The discovery that lupus was due to the presence of the tubercle bacillus was a step in advance. Dr. Finsen, after years of persevering work, came at last upon what promises to be a complete cure.

Quietly in Copenhagen was established an institute where his discovery was put to a practical test, with results which so far have been most satisfactory.

Queen Alexandra—then Princess of Wales—was greatly interested in the new cure and animated with the desire to introduce it into her adopted country.

To the great East End Hospital, where thousands who have not the means of procuring help in sickness are given freely the benefit of the highest skill and most recent discoveries of medical science, a “lamp” was sent, and an English physician with two trained nurses went out to attend the Finsen clinic and learn the methods in use there.

Nearly two years ago the “Light Department” was opened at the London Hospital, with one “lamp” and a small number of patients. The results and the numerous applications for treatment justified the introduction at different dates of two other Finsen “lamps;” later on one of these was removed, four French “lamps” occupying the vacant space.

The work is carried on in a temporary building divided into four rooms, and on entering a pleasant first impression is given by many open windows, light and flowers, with a general air of cleanliness and order.

The Finsen apparatus consists of a very powerful electric arc light surrounded by a metal screen. From below this screen project four metal cylinders, each fitted with four lenses, by means of which the rays are focussed on the affected skin. Between the two lower lenses is a chamber containing distilled water, and in passing through this most of the heat-rays are absorbed. Round this chamber is an outer jacket through which cold water circulates. This keeps the distilled water cool, and then passes by means of rubber tubes into the “pressure



glass," which the nurse holds on the spot indicated for treatment. The patient is exposed to the light for a full hour, and during that time it is the nurse's duty to keep the glass at the correct focus, and also to exert a firm pressure on the skin, in order to drive the blood from the surface, thus enabling the violet and ultra-violet rays (which alone are used) to penetrate more quickly.

A few words must here be said about the treatment of the skin before the application of the light. All raw, ulcerated, or sloughing surfaces must be cleansed and healed first, otherwise the pressure of the glass is exceedingly painful to the patient; such cases are usually submitted to the X-rays, which accelerate the healing process, but have no permanently beneficial effect upon the disease itself.

Scabs and crusts are removed by means of pyrogallic ointment, and then boracic fomentations are applied until the parts are thoroughly clean. The patient is now ready for the application of the light, and a spot is chosen about an inch in diameter, where the characteristic brown nodules appear most active, on the outer margin of the affected area. This spot is carefully marked round with blue pencil and cleansed with antiseptic lotion. The patient is then placed upon a couch or rocking-chair tilted to a convenient angle, the affected spot placed at a correct focus, and the pressure-glass firmly applied. The exposure lasts for one hour, and the place is then dressed with some soothing ointment, boracic acid being chiefly used.

From six to twelve hours after the treatment a certain reaction takes place in the tissues and a varying amount of inflammation sets in, followed by vesication. This will take, in most cases, from a week to ten days to heal, and in the meantime a fresh set of nodules may be treated, until the light has been applied to the whole area of the disease. When each spot has been submitted to the treatment a sufficient number of times, supple and healthy scars are left with no thickening or contraction of the tissues,—there may be some slight pigmentation of the skin caused by the light, but this soon disappears and little remains to be seen.

At the end of each hour the nurses thoroughly clean and disinfect the tubes and pressure-glasses, then scrub their hands and arms with soap and water, and prepare for their next patient.

Each nurse has her own basin, soap, towel, and nail-brush. They work in holland overalls with arms bare below the elbow. Smoked glasses are used when in attendance at the "lamps," the light being very dazzling and trying to the eyes.

The work starts in the morning at eight-thirty, and the last set of patients leaves at six-forty-five P.M., after which everything is cleaned



and left in perfect order for the next day. The nurses are employed in the department for a period of three months only—for the work is very trying on account of the constant watching necessary to focus the rays and keep them on the exact spot, and because of the long sitting in one position, as well as from the monotonous nature of the work itself.

Two sisters are in charge of the department. They superintend the work and dressings, besides teaching the probationers.

The French lamps are a modification of those used by MM. Lortet and Genoud, of Lyons, and they are much simpler in construction than the Finsen lamps. They consist of a pressure-glass fixed into a double metal shield, through which there is a continual flow of cold water. The carbons are placed immediately behind the lens and the affected part pressed firmly against it; by this means the light is brought so near the skin that an exposure of from fifteen to thirty minutes is all that is necessary to produce a reaction.

Sun treatment has been abandoned at the London Hospital. Among the fogs and clouds and changeable weather of an English climate, sunlight for long is too rare a thing to be counted on, and the necessity of a retreat from the open air to the electric lamps indoors, occurring often even on summer days, has made it impracticable.

Considerably over two hundred patients are under treatment at the present time and, in spite of the fact that similar departments have been started at other hospitals, two hundred and fifty applicants are waiting for admission, with a hope, which seems now well founded, of a permanent cure.

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## IVY POISONING: WITH REPORT OF A CASE

By RUTH BREWSTER SHERMAN

Graduate Nurse of Johns Hopkins Hospital

It fell to me to treat this case without a physician, because in my Southern home, where so much life is spent out-of-doors and vegetation is rank, ivy poisoning is a yearly emergency familiar to all. My patient was a girl of seventeen (usually well-nourished and healthy, but at this time rather anæmic and run-down), who took a leaf of common poison ivy away from a younger child, using her right hand, and immediately after washed her own hands and face in running water. Twelve hours later an outbreak of poison appeared over the face, neck, and hands (being particularly severe on the right) and a little later on the feet, evidently carried by the hands. The younger girl was not affected.

The patient was put to bed, isolated, and the usual treatment



begun,—bathing the affected parts with solution of sugar of lead (lead acetate), with the addition of laudanum. This usually effectual measure failed to relieve, and served to heighten the irritation until it was unbearable. I then began using a solution of

Water, Oiii ;  
Fifty per cent. alcohol, ℥i-ii ;  
Witch-hazel, ℥i ;  
Ammonia, ℥i,

giving an entire bath twice (often three times) daily, and to the face and hands as often as desired, using a fresh, soft seasponge, antiseptically treated, and a little sulphur soap. Immediate comfort and relief were experienced, experiment proving the witch-hazel to be the chief alleviating agent. Blisters were punctured as fast as they formed, and the secretion was wiped away with fifty per cent. alcohol. Talcum powder was freely used on the face.

By these means the eruption soon left the feet and appeared nowhere on the body, but the affection of face and hands was extreme. The room was kept dark, the diet was soft or very light, the kidneys kept active, and the bowels open by broken doses of Glauber's salts given overnight. An antiseptic mouth-wash was used and the lips kept well moistened with glycerine, with the result that these suffered much less than in an average attack. Different beds and linen were used for day and night to allow frequent airing. Ice compresses were given for headache, trional and acetanilid for sleeplessness on account of pain; there was no fever. The patient got up on the fifth day, the swelling being much diminished. The skin regained its normal condition slowly, the right hand requiring treatment with compresses (laudanum and alcoholic solution of lead acetate) for ten days longer.

This young girl is very susceptible to ivy poison and has an attack of greater or less severity nearly every summer. The reported case appeared to be as bad as any she has ever had. In justification of my treatment, I should like to add that when she rejoined the family life she remarked that she had "never gone through a siege of poison so *comparatively comfortably* before."

The poison ivy (*Rhus radicans*; *Rhus toxicodendron*) bears many names—in New England, black mercury, markry, markweed, and pickry; in the Middle and Southern States, poison-vine, three-leaved ivy, poison creeper, and poison oak, this last being the most common name, although the true poison oak is not native east of the Rocky Mountains. It is a climbing or trailing plant, seldom standing erect, and is found almost everywhere in the country—along fences and walls,



over old buildings, on trees and bushes, in crevices of rocks, along watercourses, by roadsides, and sometimes, though seldom, in cleared land from seeds carried by birds, its domain extending over nearly the whole United States. It is a graceful vine with a strong, brown, hairy stem; bright green leaves (sometimes divided in three points but more often smooth-edged or slightly notched) growing in clusters of three on a slender branch from the main stem; the flowers small,



*Rhus radicans* (climbing variety): *a*, stem; *b*, fruit. One-fourth natural size.

greenish-white, appearing in June; the fruit a bunch of little white, waxy berries, which remain late in the fall. The foliage does not often change color, but the younger and smaller plants growing in exposed places do sometimes turn russet or crimson as early as the middle of August, and when they do the attractive color and habit of growth lead to much careless plucking and handling, especially by children or city visitors in the country. The ivy in its whole appearance and habit so closely resembles the Virginia creeper that one is often cultivated for the other, while an attempt to root out the evil often leads to destruc-



tion of the good; but there are four points of difference apparent to even the unlearned,—the leaves of the Virginia creeper grow in clusters of *five* in the mature whorl (there are sometimes only three on the very



*Rhus toxicodendron* (trailing variety). One-half natural size.

young or abortive tendrils), while those of the poison ivy are always in *three*; the ivy turns red but seldom, the creeper practically always; the berries, which cling late in the autumn, are whitish on the ivy and



black, or nearly so, on the other; while the stem of the dried or dead poisonous plant retains the hairs which are absent from the stem of its harmless and beautiful neighbor.

Contraction of the poison is accomplished by many means other than direct handling of the plant. Where the ivy has its roots in the banks of streams and its leaves hanging over or into the water, the water will often poison a person far down stream from the vine. People have been known to take poison by driving or walking past the ivy when it was loaded with dew, while farmers and workmen often have it in its severest form from exposure to the smoke of the burning plants when clearing new land, burning old brush-piles, etc., during February and



Leaves of the Virginia Creeper. One-half natural size.

March, when the ivy has long been dead. Authorities as well as the laity differ in opinion as to the influence of the sun's rays: Gray's "Botany" says, "Even the effluvium is often dangerous when the sun is shining on the vine," while Mrs. Dana, in "How to Know the Wild-Flowers," states that it is "reputed to be especially harmful during the night, or at any time in early summer when the sun is not shining upon it."

Various opinions have been held as to the identity of the poisonous quality in the ivy. Many people suppose it to be the pollen; while it has been stated in print at least once\* that "the plant contains no active poison, but it seems to be certain that it nourishes deadly bacilli which enter the pores of the skin and give the affected parts their characteristic appearance." But we are bound to believe that the truth has

\* The *Anaconda Standard* (Montana), in a quotation credited to the *Montreal Witness*, autumn of 1901.



been reached by Professor Pfaff, of the Harvard Medical School, who several years ago demonstrated that the poison is a non-volatile oil which exists in every part of the plant, even after long drying. Being an oil, it is insoluble in water but soluble in alcohol, which explains why solution of sugar of lead in water, as often used, has little good effect, that made with fifty per cent. alcohol being much more curative and more soothing.\* It also explains why water spreads the poison instead of removing it, as in the case quoted at the beginning, where the eruption appeared over all the surface which had been washed, although the water was from a running brook, giving opportunity for free change. In Mr. V. K. Chestnut's monograph, "Thirty Poisonous Plants of the United States" (page 20), is an account of experiments which prove that the oil is not carried through the body by the blood, but depends on contact of part with part. Bed and body linen, dishes, articles handled by the patient, and especially washcloths and towels, may be fruitful means of its communication and should be well disinfected. Susceptible people often have worse attacks than those from whom they took the disease, either by personal contact or by less direct means. A great many individuals are naturally immune from the effects of the ivy; and such persons, especially children, often deliberately crush or even chew the leaves to prove their own safety; but such folly should be strictly forbidden on account of later contact with others, since some of the severest attacks result from the touch of immune persons who have been exposed. The immune should hold themselves responsible for the destruction of the ivy wherever found, and also for the care of the poisoned members in a household, but they should wipe the hands carefully with fifty per cent. alcohol after any such service and be careful with their garments.†

The attack begins from twelve to forty-eight hours after exposure, with itching and redness of the skin. Small, whitish papules appear, quickly followed by general reddish-purple color of the skin, intense burning, itching, pain in the parts, and swelling, which in its worst stages prevents movement of the fingers and toes and obscures all indi-

\* Stronger forms of alcohol are found to be too irritating.

† It would appear, from all we know, that the term "volatile" is not to be understood in this connection in the sense of "passing through the air," but in its alternate meaning, "capable of wasting away." Certainly the oil does not *entirely* waste away, since it is still active in a plant long dead. No one fears an eruption from mere *nearness* to a dry plant. But that much poisonous matter is given off from the healthy ivies at times when the air is loaded with moisture, when the sunshine is bright, and during the heavy, hot "dogdays" when the leaves are full and glistening with sap, no country dweller will for a moment allow to be doubted.



viduality of the face, entirely closing the eyes and stiffening the lips, which often reach nearly an inch in thickness and are usually covered with a hard, scaling, yellow crust over the surface of the mucous membrane. Dizziness, headache, and pain in the eyes are usual, but there seem to be no symptoms from the stomach or even inside the mouth, which would indicate that the saliva neutralizes the poison, as there is ample chance for communication from the lips in eating, either before or after the eruption appears. The appetite is always good for any food which the condition of the lips will allow to be taken. The pulse and respiration are not changed, in my observation; as for the temperature, I have no information. Large blisters soon form on the affected parts, which are relieved by pricking, but the exudate is so gummy that the punctures do not remain open more than a few moments, and the skin must be either clipped or pierced again and again to obtain any good result. It is noticeable that the fluid seeks the lowest level and quickly collects in any part held *down*. I know of one case where the patient did not go to bed during a very bad attack of poison, but walked about constantly, with the result that a sac holding apparently a pint of fluid formed on the pelvis and hung down the inner side of the thigh. The physician advised against opening the sac, and it slowly diminished under long and painstaking treatment, so that the exact amount and nature of its contents were not learned. As the blisters subside they become dry, whitish-yellow patches on the dry, hard, stiff, thick-feeling skin,—often the largest peel off entirely, leaving raw, red surfaces; at this stage the flesh has a slight fetid odor, rather like that sometimes present with measles. From observation I should say that an average case reaches its worst on the third or fourth day after the onset; the symptoms begin to lessen about the fifth or sixth day, and recovery is fairly complete at the end of a week or a little more; but I have seen longer attacks, and have had an account from one nurse of a case where the patient—a young physician—was kept in bed for a month; and from two others, of patients whose eruption from a single exposure continued, though not severely, for three and four months respectively. I have also heard several accounts of persons who after one attack had repeated slight attacks over the same surface of the body, in successive years, without another exposure; but when one considers the presence of the ivy in all parts of the Union, its frequency within our cities themselves, and the certainty of its communication by clothing and by the persons of immune people, we may be pardoned for waiting for more absolute proof of this. There is considerable languor for several days after the first getting up.

It is not surprising that such a universal malady should have called



out modes of treatment as various as the circumstances of the sufferers, or that we should find all the three natural kingdoms paying tribute to this one small vegetable tyrant. The following remedies have been gathered from many sources, and undoubtedly each has been tested by experience, though the collector cannot speak personally for the value of all:

Saturated solution lead acetate in fifty per cent. alcohol, with addition of witch-hazel or laudanum.

Saturated solution of salt or baking-soda, or both, in warm water.

Powdered alum; one-half ounce in one pint of warm milk.

Weak ammonia water.

Carbonate or sulphite of soda or chlorinated soda; one ounce to half-pint water.

Glycerite of carbolic; one ounce to half-pint water.

Creolin in two per cent. solution.

Subsulphate of iron dropped into the broken blister.

Zinc ointment.

Benzoin ointment.

Phenol sodique; one-half ounce in three ounces water.

Extract of serpentaria, painted over the blister.

Tea of sassafras or oak bark; two ounces of bark to one pint water.

The natural juices of the *Impatiens fulva*, the common "jewel weed," "silver leaf," or "spotted touch-me-not" of our marshes and stream banks.

Tea of green poke-weed root.\*

Buttermilk.†

Government reports state that in some towns and suburbs poison ivy is being cultivated in private grounds for its beauty. Whether this is done through carelessness or ignorance, it is an abuse which any better-informed person can easily bring to the attention of those who have it in charge without the adoption of legal measures compelling its destruction, which has been advocated. Once convinced of its harmful qualities, a householder will be scarcely more willing to have a poisonous plant in his yard than poisoned food on his table. And the ease with which the eruption can usually be diagnosed and treated at home should not lessen our appreciation of the severity which it sometimes attains. Proof of this occurred recently in a Southern town, where a successful

\* The lady reporting this method writes: "This was recommended by one who has used it for years. I cut the root in small pieces and boiled for about an hour; when strained it was a light-brown color. I kept my arms wrapped in cloths wet with this: it increased the itching and swelled the small poison-spots to great welts which were bright red. But it cured my arms in two or three days and they have never been poisoned since."

† These are all, of course, external applications; the free use of purgative salts is always urged. I have been told of a homœopathic tablet, "*Rhus Toxicodendron*," recommended as an internal medicine for ivy poisoning; but in the homœopathic circular in my possession the drug "*Rhus Tox.*" is advertised as a remedy for rheumatism and erysipelas, and a preventive for typhoid.



country practitioner and chairman of the local Board of Health, being puzzled by an extremely bad skin disease among the negroes, and preferring to err on the side of safety, made a diagnosis of small-pox, and only by an attempt to segregate his patients discovered that he was confronted merely by the advanced stages of neglected ivy poisoning. This is a recognized difficulty in diagnosis, and Dr. Gilchrist, the specialist in skin diseases at the dispensary of the Johns Hopkins Hospital, strictly warns the medical students against the similarity of appearance in the two cases and the frequency of this mistake.

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## HYGIENE OF THE HOUSEHOLD

BY EVELEEN HARRISON

Graduate Post-Graduate Training-School, New York

(Continued from page 590)

ONE of the most important points to be considered during our hot summer months is how to keep cool. As this question has more or less an effect on our health both mentally and physically, allow me to give a few suggestions to the "home-makers" who for various reasons have to face the prospect of summer spent in their city homes.

I will illustrate by the case of a family who decided one summer that it would be impossible for them to look forward to their usual trip to the sea-shore, and the daughters, with a view to making the best of their disappointment, took up the bright idea of bringing a little of the country into their city home by dressing up the house in summer attire.

All heavy draperies were put away, as usual for the hot weather, but instead of "shrouding the rooms in brown holland and gloom," slip-covers were made of dainty French cretonne, the design being quantities of green leaves and violets strewn on a white ground. Even the lounge- and sofa-pillows were treated to slip-covers, so that the rooms had a cool, fresh appearance, which was further enhanced by simple, white dotted Swiss curtains floating airily at all the windows, relieved by a background of olive-green shades and easily moved awnings to soften the mid-day glare.

Flowers the girls declared they could not live without, so deep, broad boxes were fitted to the windows, also on the top of a tiny balcony leading out from the parlor window; and one of the daughters undertook the entire care of their "summer garden," for the boxes were filled with all varieties of sweet-scented flowers, and the windows framed with sweet peas, wild-cucumber vine, and clematis, filling the rooms with fra-



grance, and resting the eyes in their beauty. All unnecessary bric-a-brac was locked away to simplify the daily dusting, and bowls of wild-flowers or vases of field-grasses decorated the rooms in country style.

A gas-stove in the kitchen made cooking a pleasure, and allowed the preparation of dainty dishes without the stifling heat of a coal fire.

One daughter undertook the supervision of the dining-room; had the awnings pulled down and windows open top and bottom to create a draught before every meal; table spotlessly clean, and generously supplied with flowers, following out the thought of using wild-flowers in slender, tall vases, or filling a low glass bowl with moss covered in water, and then sticking in the moss a few large purple pansies.

Each day she aimed at serving a variety of fresh fruit and vegetables to form the chief part of the meal, with salads, poultry, and very small portions of meat; and iced desserts to tempt the appetite, making as far as possible a distinct difference from the heavy meats, soups, and rich puddings used in winter.

Cooling drinks of many kinds were to be found ready at a moment's notice in the refrigerator, in deference to the theory that the system craves plenty of fluid in hot weather to counteract the large amount thrown off in perspiration, and during very hot days, when even eating becomes a burden, a great deal of nourishment may be absorbed in liquid form. Dinner was served at one o'clock and "high tea" at seven. Candle-light instead of gas kept the rooms cool.

All the heavy pieces of silver were put away to save the weekly cleaning, glass and china taking their place. Everything that would save work for both maid and mistress was resorted to, the consequence being a rest to body as well as mind, and time for many pleasant excursions into the country in the cool of the early morning, returning after sundown laden with mosses, flowers, ferns, etc., whereby the country was literally brought into the city home.

Insects have been proved beyond doubt to spread disease, especially mosquitoes, flies, and roaches, and a constant battle has to be maintained to keep them out of the house. Fine wire screens at windows and doors are a great protection, but in the case of flies and roaches absolute cleanliness and no trace of food left uncovered are the best safeguard; as for fly-paper, it is so disgusting to look at, covered with the wriggling, tortured flies, that the remedy is far worse than the disease. A square of fine white organdy kept in the dining-room and thrown over the table when ready for a meal until the family have assembled will go far to solve the fly question.

The desire to make the best of things, even when obliged to remain in town all summer, and the determined effort to greet all with a smile



—instead of running down the weather and never letting one forget how hot it is!—will lighten the daily burden to a marvellous extent, and as our minds in a great degree control our bodies, the spirit of cheerfulness will have a decided effect in keeping our bodies strong and healthy during the hot weather.

A word about the home dress: Short skirt of dark linen or serge and simple shirt-waist is *par excellence* the costume for “housewives” who take the supervision of their homes during the morning, then, after the afternoon rest and bath, a cool dimity or muslin,—as simple as you please, but put on with as much care as when dressing for company,—and you will be more than repaid by the good moral effect it will have on yourself, as well as the pleasure your dainty appearance will give to the tired father, husband, or brother on his return home from the heat and worry of office life.

Where there is a yard at the back of the house much may be done with a few flowers and vines along the wall, a grass-plot in the centre, and a hammock slung across one corner to form a resting-place on a hot summer evening; and if you are so fortunate as to possess a flat roof, the possibilities are unlimited. I read lately of a man who grew sufficient fresh vegetables on his roof to supply his table all summer. Flower-boxes make a charming fence around the edge of the roof. A cosey corner with a hammock under an awning, rugs, five o'clock tea-table, and easy chairs will tempt you to steal many a spare hour for rest in the open air, and the men of the family will hail with delight the airy vastness of the roof-parlor, where smoke is wafted away into space, and the glories of sunset and moonrise viewed from a steamer chair will dispel for a few hours the remembrance of the intense heat of the city streets.

A lady I know has after-dinner coffee served on the roof during summer, and her roof-parlor is a source of rest and refreshment to her friends.



MR. J. PIERPONT MORGAN has given sixty thousand dollars for the erection of a deaconesses' home for St. George's Parish. The house will occupy the premises Nos. 208 and 210 East Sixteenth Street, New York City.

MISS ELLA E. TRUMAN, Class of 1891, of the Illinois Training-School, by virtue of her duties as visiting nurse in Los Angeles is a regularly appointed city Health Officer and Sanitary Inspector.



## THE ENTRANCE EXAMINATION OF NURSES

By HARRIET CAMP LOUNSBERY

JUDGING from the great number of names on the waiting-lists of our training-schools the time has arrived when we should be able to select only those who will make the very best nurses.

The educated woman, plus the training now given in our best schools, should raise our profession to its highest point.

Good health is, of course, of the first consequence. A fair education has always been insisted upon, but more than this should now be demanded.

Colleges insist that applicants should pass a preliminary examination, and a certain standard must be reached or the applicant is refused. It would be a long step towards placing our profession by the side of other learned professions if all training-schools required a preliminary examination—and a pretty strict one—to determine how much intellectual capacity is possessed by the applicant, and how, up to this time, she has used her brain.

It would seem wise to have a uniform rule as to these preliminary examinations. Reading aloud should be one of the principal examinations. This will show in a very little time how much education one has had. Reading should be done from several kinds of books,—a page of history, half a page of an essay, a few verses of poetry, and following that a little discussion as to what kind of books would be thought suitable for the diversion of a sick person.

Writing from dictation shows at once several things,—quickness of understanding, character of penmanship, ability to spell and punctuate. A letter should be written. All of these examinations should be carefully marked according to a well-thought-out plan, a certain per cent. being necessary for entrance.

An examination in the first four rules of arithmetic and fractions should not be omitted. Some simple fractions should be given as mental arithmetical problems. If after a clear explanation the idea is at once comprehended, one may infer that other and more difficult problems will be quickly grasped. The ability to make out a bill or to write a check should be tested.

Such examinations can be held in classes, and it should be the superintendent of the training-school herself who should hold them. She will save herself many weary hours and much discouragement if she gives time to the early winnowing of the mass of material presented to her.

It is not possible in a training-school to give this preliminary educa-



tion, nor is it desirable. Yet with it a nurse is far better equipped for her work. How much more acceptable to an invalid or convalescent is the nurse who can read well, whose voice is well modulated, whose words fall easily and fluently from her lips, who does not hesitate at a big word or blunder over a foreign one? How pleasant it is for the sick one to have a nurse who can write necessary letters, who can make out a check, and guide the weak hand to make a proper signature?

It takes no argument to prove that an educated woman appreciates more keenly the opportunity for study than an uneducated one, and she also more quickly apprehends the greater or less degree of luxury in which she may be placed in her private nursing. She uses the costly, dainty belongings in our modern wealthy houses with a due regard for their beauty, knowing something of their worth and appreciating their artistic merit. The lack of this sense of beauty and daintiness is a frequent cause of complaint. I knew a lady who was during an illness almost frightened into a spasm by her nurse appearing with her supper served on a set of almost priceless Sèvres. The lovely blue of the china had attracted her, and, ignorant of its value, she had only sought to give her patient pleasure, whereas the sacrilege of putting actual food on these works of art made the invalid so nervous that she could not eat a thing until all the Sèvres was washed and put away in its case.

Again, a well-educated nurse will employ her vacant time between cases wisely for the benefit of future patients. She will visit picture-galleries and museums; she will read many books to find what will be good for future reading aloud; while never neglecting the "new ideas" in her technique, she will fill her mind with thoughts that are not only a help to herself, but when given out to others will make them "rise up and call her blessed."



THE New Jersey Legislature has passed a bill appropriating fifty thousand dollars for the establishment of a State sanatorium for consumptives.

THE Long Island Hospital, Boston Harbor, has a new nurses' home, which will be completed and occupied in a short time.



THE CITY OF GLASGOW'S STATELY NEW HOSPITAL,  
BUILT FOR THEIR POOR IN GENERAL, FROM  
"THE HISTORY OF GLASGOW" [1736], BY JOHN  
M'URE, WRITER, AND CLERK OF THE REGISTRA-  
TION OF SEAFINES

CONTRIBUTED BY MARY C. NORRIS

Ogdensburg, N. Y.

[An exact reproduction]

"As you look Westward from the Great Bridge, towards the stately Harbour of the City, stands the most celebrated Hospital built by the City of *Glasgow*, for alimentering and educating upwards of one hundred and fifty two poor decayed old Men, Widows and Orphans of this City. The Building is of modern Fashion, and exceeds any of that Kind in *Europe*, and admir'd by Strangers, who affirms that *Sutton's* Hospital, called the *Charter-house* at *London*, which indeed is a noble Foundation; but the House neither of that, nor *Christ's Church*, or any Thing of that Kind at *Rome* or *Venice* comes not up to the Magnificence of this Building, when it is finished, resembling more like a Palace, than a Habitation for necessitous old People and Children.

"I confess *Heriot's* Hospital at *Edinburgh* is more embellished over the windows thereof, our Hospital is likewise accommodated with a fine Well, and stately Garden, fenced round with a curious Wall of Ashler Work, together with a handsome Chapel and Hall for the Poor People and Boys to eat in.

"Divine Service is celebrated every Morning and Evening by their Chaplain within the Great Hall at the ringing of the Hospital Bell.

"They are seasonable and frequently visited by the Magistrates, Members of both Houses, Ministers of the City, and Directors, ordering all Things necessary for the Use and Behoove of their Poor.

"When any of them are visited by Sickness, the Faculty of Physicians, Surgeons and Apothecaries attend them by three of their Number in Turns, and to their deserved Praise, they furnish the Sick with daily Attendance, Drugs and Medicines *gratis*. And when any of them dies, they are decently buried at the Town's Charges, and the Defunct's Place is furthwith filled up.

"This Hospital is still inlarging, and two Wings of Addition are to be added to the Building, and is an Argument for encouraging Benefactors to the House, and it deserves particular Consideration, the



Benefit of it not being restricted, like many other Hospitals, to any certain Number, or to any particular Sort of Poor; but being designed to extend to all Sorts of Poor belonging to the Place.

“The Plan of the Building is calculated accordingly for admitting of large Additions; so that if the Plan were compleated, the House might accommodate about six hundred Persons, and the Directors have it under Consideration, especially if the House be encouraged with Benefactions, to build a more convenient Infirmary, and also proper Appartments for People who have lost the Use of their Reason, which is a Thing very much wanting, there being nothing of that Kind in *North Britain*, and such Appartments might be useful, not only for People under that Calamity, who belong to this Place, but also for such People from other Places on reasonable Terms.

“The Directors have also in View other charitable and generous Designs, to which the House, if duly encouraged, might be made subservient to the Satisfaction of intelligent and well disposed Persons.

“It is on design of publishing Regulations, together with an Abstract of the first Year’s Management, that they who have contributed to this Work, or any Other upon a View of the present Management, may offer to the Directors or their Committee such Proposals or Advices as they judge useful for promoting the Design of the House, either by rendering it more beneficial for the Poor, or by rendering the Poor more beneficial to the Publick. The weekly Committee will with great Pleasure hearken to every Proposal of that Kind.

#### “RULES RELATING TO THE NURSES.

“There are proper Nurses appointed to attend the Sick, who are obliged to keep the Rooms and everything about the Sick clean, when there has been any malignant Distemper, or when the sick Person dies, the Bed-cloathes and the whole Room where the sick Person lay is washed before any other shall ly in it, the Nurse shall be accountable to the Mistress of the House for the Cloaths, and every Thing else belonging to the Deceased.

“There are Women to Attend the Children, who are to have them washed, combed and dressed every Morning, all these Nurses are to be subject to the Mistress, and receive Directions from her.”



MISS BERTHA SMITH, a graduate of the Homœopathic Hospital, Rochester, N. Y., has taken charge of the Barnard Sanatorium, Baltimore, Md.



COLUMBIA UNIVERSITY IN THE CITY OF NEW  
YORK—TEACHERS COLLEGE

SPECIAL COURSE IN HOSPITAL ECONOMICS—1902–1903

OFFICERS.

JAMES E. RUSSELL, Dean.

HELEN KINNE.....Professor of Domestic Science.

MARY L. D. FORREST.....Instructor in Domestic Science.

LAURA B. WHITTEMORE.....Assistant in Domestic Science.

CHARLOTTE M. WAY.....Laboratory Assistant.

HERMAN VULTE, PH.D.....Lecturer on Household Chemistry.

ANNA L. ALLINE.....Assistant in Hospital Economics.

MRS. HUNTER ROBB

MISS M. M. RIDDLE

MISS M. A. NUTTING

MISS EVA ALLERTON

MISS MAUD BANFIELD

....Lecturers on Hospital Economics.

COURSE IN HOSPITAL ECONOMICS.

At the request of the American Society of Superintendents of Training-Schools for Nurses, Teachers College offers a special course in Hospital Economics. The course has for its purpose the preparation of trained nurses who have the necessary qualifications for teachers in training-schools for nurses. Its aim is eventually to attain uniformity in curriculum and training-school methods, which shall make the standing of a trained nurse practically the same from any training-school connected with a general hospital in the country, and also in the course of time to be able to supply thoroughly trained superintendents to take charge of hospitals and training-schools.

The American Society of Superintendents of Training-Schools for Nurses is responsible for the development of this course, and in order to secure a careful selection from candidates it has appointed a Board of Examiners of experienced superintendents, whose duties are to receive the names of all candidates for the teachers' course and to endorse them. They decide upon their qualifications as practical trained nurses, examine their certificates, and receive a full statement from the superintendent of the school from which they graduated as to the candidate's qualifications to become a superintendent. In addition to these requirements the Board of Examiners require (a) evidence of the satisfactory completion of an approved course (1) in a secondary school, normal school, or college and (2) in a nurses' training-school, this to include evidence of satisfactory work in anatomy, physiology, materia medica, applied bacteriology, urine analysis, together with a general knowledge of practical nursing obtained by a two- or three-year course in a general hospital; and (b) that the candidate enter Teachers College for the full academic year of about eight months, and that she will before this term spend from three to four months in doing private duty. Then, after this year of extra preparation, having passed the required examination satisfactorily, she will receive a certificate as a qualified teacher for a training-school for nurses, such certificate to be signed by the dean of Teachers College.



## ADMISSION

## GENERAL REGULATIONS.

1. Each candidate must present to the college a recommendation for admission from the Board of Examiners, certifying to the moral character of the applicant and her qualifications for undertaking professional work.

2. No candidate can be admitted who is not in good physical condition.

3. Students admitted to any class are held on probation until the end of the first half-year. Any student who fails to pass in at least one-half of her work during this period of probation will be dropped from the roll of the college.

4. All students are required to present themselves for registration on Thursday, Friday, or Saturday of the week preceding the first Monday of October in each year. Enrollment at a later date is permitted only to those who obtain the consent of the appropriate committee, good cause for the delay having been shown. The presence of all students is required on the day immediately following the close of all vacations and recesses.

5. All matriculated students in the Hospital Economics Course are under the charge of the standing Committee on Undergraduate Students. At the time of registration each student must file with the registrar a list of studies for the year, approved by this committee of the faculty. No change will be permitted in such registered lists except with the consent of the committee, and no credit will be allowed for any course not approved and registered in this manner.

6. All fees for the first half-year must be paid to the cashier of Teachers College on or before the last Saturday in October, and all fees for the second half-year on or before the third Saturday in February. No official record is made of a student's work until her matriculation fee is paid.

## APPLICATIONS.

It is desired that all applications be made during the spring and early summer. For application papers apply to the chairman of the Board of Examiners, Miss Banfield, Polyclinic Hospital, Philadelphia, Pa.

## COURSE OF STUDY.\*

Required (eight points): †

PSYCHOLOGY **A**—Elements of psychology, *and*

EDUCATION **10**—Educational psychology—(together) three points.

HOSPITAL ECONOMICS **10**—Methods and practice—one point.

HOSPITAL ECONOMICS **12**—Hospital and training-school organization and supervision—two points.

PHYSICAL EDUCATION **10**—Applied anatomy and physiology—two points.

\* Students who can satisfy the requirements in any of the prescribed subjects may elect other subjects of equal credit in any department of the college with the approval of the dean and the professor concerned.

† In this circular the credit given for courses is scheduled in *points*. One point represents one hour of class work per week throughout the year. Two hours of practical work, as in the shop, laboratory, or school-room, count as one hour of class work.

For detailed statement of courses, see regular announcement. For further general information concerning Teachers College, see "Announcement of Teachers College," a copy of which will be sent on application to the secretary.



Elective (seven to ten points): These courses are recommended:

BIOLOGY AND PHYSICAL EDUCATION 3—Physiology and hygiene—two points.

BIOLOGY 12—Bacteriology—one point.

DOMESTIC SCIENCE 10—Foods—two points.

DOMESTIC SCIENCE 11—Foods, advanced course, dietetics—one point.

DOMESTIC SCIENCE 12—Food production and manufacture—two points.

DOMESTIC SCIENCE 14—Household chemistry—two points.

HISTORY 10—Economic and social history of the United States—two points.

#### SUBJECTS OF THE COURSE.

The subjects enumerated in the course of study are, with the exception of Hospital Economics 10 and 12, regular courses of the college. Teachers College is a professional school for the training of teachers; hence its work is directed towards teaching, even in courses which are usually offered in colleges and universities. Some of these courses are intended especially to lay the foundations for a scientific theory of education; others are directed towards the practical work of teaching, and yet others seek to give the intending teacher a better knowledge of the subjects to be taught.

The courses which are chiefly professional are Psychology A and Education 10. In these courses the student is introduced to some of the most important topics in psychology and is led by experiment and observation to apply the fundamental psychological principles to instruction and the general conduct of school work. Education 10 will present the general principles that control successful teaching so far as such can be derived from psychological laws and from the study of school practice. It will aim to prepare students for general classroom work and for the courses in the methods of teaching the separate subjects. The work in the division for students in Hospital Economics course will be specialized so far as possible to meet the needs of the class.

The various courses in Biology and Domestic Science are intended to broaden the student's knowledge of the fundamental principles of science and to give her practical direction in making this knowledge of service in teaching. The courses in Hospital Economics, which are carried on under the direction of the Committee of the American Society of Superintendents of Training-Schools for Nurses, aim to present the practical problems of hospital administration and to give students systematic instruction in the organization and management of training-schools for nurses.

The general supervision of this course will be in the hands of a trained teacher, who will supplement the work of the special lectures and conduct such excursions and field work as may be found necessary in the successful pursuit of the course. Thus it is proposed during the year to make careful studies of the following subjects:

Laboratories: preparation of culture media; isolation and culture of bacteria; preparation of anti-toxines. Milk Laboratories: modified milk; sterilized milk; Pasteurized milk. Dairies: source of bacteria in milk; effect of bacteria on milk. General hospital. Private hospitals. Special hospitals. Training-schools. Small general hospitals. Insane asylums. Dietary on scientific basis in an insane asylum. Operating theatre: sterilizing plant; preparation for operation; detail work of clinic. Philanthropic organizations: relations to the nursing profession.



## DETAILED STATEMENT OF COURSES OF INSTRUCTION.

**HOSPITAL ECONOMICS 10—METHODS AND PRACTICE.**—Observation, conference, discussion, and practical work. One point. Hours to be arranged.

This course is designed to meet the needs of teachers in training-schools for nurses. It discusses the principles which underlie training-school work and provides opportunity for the practical application of these principles in teaching.

Required of special students in hospital economics.

**HOSPITAL ECONOMICS 12—HOSPITAL AND TRAINING-SCHOOL ORGANIZATION AND SUPERVISION.**—Lectures, essays, and discussions. Two points. Hours to be arranged.

This course deals with the problems connected with the organization and management of training-schools and hospitals. The following topics will indicate its general scope: 1. Training-school organization and management,—construction and equipment, planning of the curriculum with special reference to securing a uniform course in the various schools, instruction and grading of students, and all other matters connected both with material and with educational interests. 2. Hospital organization and management,—construction and equipment, organization of ward work, relations to trustees and hospital staff, and other requirements in general administration.

Required of special students in hospital economics.

**PSYCHOLOGY A—ELEMENTS OF PSYCHOLOGY.**—Lectures, practical exercises, and recitations. One and a half points. Professor Thorndike and assistants. Hospital Economics Section (first half-year only) Monday, Wednesday, and Friday at eleven-thirty.

Required of special students in hospital economics.

**EDUCATION 10—EDUCATIONAL PSYCHOLOGY.**—One and a half points. Professor Thorndike. Hospital Economics Section (second half-year only) Monday, Wednesday, and Friday at eleven-thirty.

This course will present the general principles that control successful teaching so far as such can be derived from psychological laws and from the study of school practice. It will aim to prepare students for general class-room work and for the courses in the methods of teaching the separate subjects.

Required of special students in hospital economics. Prerequisite: Psychology A.

**BIOLOGY AND PHYSICAL EDUCATION 3**—Lectures, recitations, and laboratory work. Two points. First half-year, physiology—Professor Lloyd and Dr. Bigelow. Second half-year, personal hygiene—Professor Wood. Monday and Wednesday, nine-thirty to eleven-thirty.

The first part of this course involves a study of the activity of cells, tissues, and organs in various organizations, both plants and animals, including man. The second part of the course considers personal health as a problem in vital economics; the human body as an organic machine and the aim of personal hygiene to be the provision of the most efficient body mechanism for the life-needs of the individual. The topics include the argument for the careful study of health and hygiene; ideals of health influencing different peoples; structure and functions of the human body; changes in the organism due to evolution and civilization and the health problems arising from these changes; conditions necessary



to the perfect state of the body and the activity of the various functions; causes of weakness, injury, degeneration, and disease; improvement of health and prevention of disease by hygienic means.

**DOMESTIC SCIENCE 10—FOODS.**—Lectures, laboratory work, essays, and collateral reading. Four points. Mrs. Forrest and assistants. Mondays and Wednesdays, one-thirty to four-thirty, and Fridays at one-thirty. Laboratory fee, seven dollars.

This course covers the following general topics: Composition and nutritive value of foods; fundamental principles and processes of cookery; comparative study of fuels and cooking apparatus. It is designed to give a thorough knowledge of theory and practice in cooking, and to aid the student in arranging subject-matter for teaching. Special attention is given to scientific methods of laboratory work, and to the adaptation of such methods to the school.

**DOMESTIC SCIENCE 11—FOODS, ADVANCED COURSE.**—Four points. Professor Kinne, Mrs. Forrest, and assistant. Tuesdays and Fridays, nine-thirty to twelve-thirty, and Tuesdays at two-thirty. Laboratory fee, ten dollars.

This course elaborates and applies the principles established in Course 10. It takes up advanced cookery; preservation of food; cookery for invalids and children; food values and dietaries; planning, cooking, and serving of meals; a waitresses' course and marketing.

Prerequisite: Domestic Science 10 and 12.

Students admitted to advanced standing may elect either half of the course separately. *The lectures on dietetics may be elected alone, counting as one point.* Advanced students will have opportunity for special research in dietetics.

**DOMESTIC SCIENCE 12—FOOD PRODUCTION AND MANUFACTURE.**—Lectures, laboratory work, reading, and excursions. One point. Dr Vulté. Thursdays, nine-thirty to eleven-thirty.

This course is complementary to Course 10, covering the following special topics: the production of food materials, such as dairy products, manufacture of flours, cereals, spices, etc.; food adulterations and other processes in the preparation of food materials.

**DOMESTIC SCIENCE 13—HOME SANITATION AND ECONOMICS.**—Conferences, lectures, laboratory work, and collateral reading. Two points. Mrs. Forrest. Wednesdays, nine-thirty to twelve-thirty.

This course embraces the following subjects: first half-year—situation and structure of the house, water supply, disposal of waste, heating and ventilation, lighting, healthful furnishing, cleansing of the house; second half-year—development and organization of the home and its adaptation to modern conditions, systematic methods of housekeeping, the cost of living and household accounts, domestic service.

Students admitted to advanced standing and candidates for the Master's diploma may elect either half of the course separately.

**BIOLOGY 12—BACTERIOLOGY.**—Lectures and laboratory work. One point. Professor Lloyd and Dr. Bigelow. Mondays and Wednesdays, nine-thirty and eleven-thirty.

This is a course in applied bacteriology. The lectures, which are associated with practical laboratory work in illustration of the themes, deal with the nature of bacteria and the methods of isolation and recognition of species; the part



which bacteria play in nature, and the industrial uses to which they are put; the bacteria of air, water, ice, milk, and foods generally; the methods of sterilization and disinfection; the relation of bacteria to plant and animal disease, and, in connection with this, certain phases of hygiene and household sanitation, and the care of the sick.

This course is given during the second half-year in connection with Biology 3. Students who elect this course must make arrangements with the instructor in advance.

**DOMESTIC SCIENCE 14—HOUSEHOLD CHEMISTRY.**—Lectures, reading, and laboratory work. Two or three points. Dr. Vulté. Tuesdays, nine-thirty to twelve-thirty; Fridays, two-thirty to four-thirty. Laboratory fee, five dollars.

This is a course of instruction designed to present the study of the principal food products, such as sugars, starches, proteids, animal and vegetable fats, water and mineral salts, special attention being given to the changes taking place during the operations of cooking, and to the analytical tests applied to them; the chemical aspects of fermentation and putrefaction, prevention of the same by chemical means and sterilization; corrosive action of food constituents, acids, etc., on utensils; saponification, action of detergents, hard and soft water; testing of milk, butter, cheese, water, etc., for purity; the chemistry of fuels and illuminants.

Students who elect this course as three points must arrange with the instructor for extra hours for laboratory work before registration.

**PHYSICAL EDUCATION 10—APPLIED ANATOMY AND PHYSIOLOGY.**—Lectures, demonstrations, reports, and discussions. Two points. Professor Wood. Mondays and Wednesdays at three-thirty.

This course deals with the methods of teaching anatomy and physiology in training-schools for nurses. The demonstrating materials include skeletons, dissected specimens, and the best French manikins. Students have practice in conducting demonstrations and quizzes, and presenting topics to the class. Time is given to the discussion of the methods of teaching and the best materials and books for use in class work. Papers are prepared on assigned topics.

Required of special students in hospital economics.

#### DORMITORY.

##### LONGFELLOW AND WHITTIER HALLS.

During the past year the Morningside Realty Company has erected a handsome fireproof building adjoining Teachers College for the purpose of giving to the women students of the college comfortable accommodations at moderate rates. Every room is outside and entirely light, and the arrangement is such that they may be rented singly or in suites of two or three. There are also a limited number of suites consisting of two rooms and private bath. The building is heated by steam and lighted by electricity. There is a complete elevator system, a steam laundry equipped with all the modern machinery, and shower, needle, and tub baths. The public parlors and reception-rooms are on the main floor, and there are also small parlors on each of the sleeping-floors. The main dining-rooms and restaurant are on the top floor, and command wide outlooks over the city and the North and East Rivers. A house-mother is in residence, who is accessible to the students at all times. In addition to the dormitory, which occupies the central portion of the building, there are also a number of apartments in the



two end sections, consisting of seven and eight rooms and bath, which are fitted for housekeeping and can be occupied by families. The entrances to the apartments are entirely distinct from those to the dormitory portion of the building.

The prices for single furnished dormitory rooms range from seventy dollars to one hundred and forty dollars for the school year (approximately nine months), and these include heat, light, and ordinary care. Furnished suites consisting of two bedrooms and study vary from two hundred and twenty-five dollars to three hundred and ten dollars per academic year; and suites of two bedrooms and bath from three hundred and twenty-five dollars to four hundred and twenty-five dollars for the same term. Rents are payable half-yearly in advance. Table board in the dining-rooms is furnished to tenants in the dormitory at the most reasonable rates possible. A descriptive circular with diagrams will be sent to any address on application to the Morningside Realty Company, 1230 Amsterdam Avenue, New York City.

#### FEES AND EXPENSES.

For matriculation, five dollars; for tuition, one hundred dollars.

Students who take laboratory courses will be required to pay a special fee for supplies and materials. *It is proposed to make a uniform rate for tuition, after July 1, 1903, of one hundred and fifty dollars per annum in all courses.*

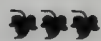
Students' entire expenses have been found to vary from three hundred and twenty-two dollars to five hundred and sixty-one dollars and upwards, averaging about four hundred and fifty dollars.

[Since publishing the list of donations to the Course in Hospital Economics last month a subscription of fifteen dollars has been received through Miss MacPherson on behalf of the University Hospital of Philadelphia. If a great number of nurses would give one dollar each to this course the "chair" would soon be endowed. There is a great need of modern reference-books for the use of the students in this especial department upon the subjects indicated in the outline. Perhaps some of our readers may have a volume to contribute.—ED.]





## BOOK REVIEWS



THE CARE OF DESTITUTE, NEGLECTED, AND DELINQUENT CHILDREN. By Homer Folks, superintendent of the Children's Aid Society of Pennsylvania, 1890-1893; secretary of the New York State Charities Aid Association, 1893-1902; general-secretary of the National Conference of Charities and Correction, 1901-1902; Commissioner of Public Charities of the City of New York, 1902. New York: The Macmillan Company, 1902.

This little book, attractive in its make-up, and costing only one dollar, is the first of a series aimed, as is stated by the editor in the preface, "to bring to bear on the practical problems of American social workers a concise knowledge of the historical evolution through which the charities of the country have passed." This volume, as each of the others to follow it will be, is practically complete in itself, as it deals with one general topic. Yet each social worker should plan to have the series in his working library. The editor is Herbert S. Brown, lately editor of *Charities*. This volume is limited to the history of the care of children the direction of whose lives and the burden of whose support have been undertaken by public authorities or private charity. Many activities, usually included under the term "child-saving," as agencies which help needy parents to keep the care of their children, will be considered in the volume on the care of needy families, and institutions for sick and defective children come under the topics of medical care and defectives. That the author of this book is eminently qualified to deal with its topic is well shown by its judicial and judicious tone—as would be expected from one who has held such important offices as he, and who is both a student and a practical administrator. Trained nurses are social workers, or should be such if they minister in hospitals, especially in maternity wards or dispensaries or as visiting nurses. As such, their influences may be great for good over individuals, and they should be interested and influential in working for better conditions of living and of care of the ill and needy.

The changes during the nineteenth century in the ways of caring for children in the United States by public aid and charity make interesting and instructive reading. Only a sketch of them is given in this little book, but it includes some details of particular institutions or local conditions which are probably typical of many others. At the beginning of the nineteenth century the situation may be summed up in general as follows, that destitute children taken as public charges were cared for with adult paupers in almshouses, or by material relief in their homes, or were placed under contract or bound out as apprentices; that children suffering from the neglect or immorality of their guardians remained with those unfit persons until all were destitute or until, the fruits of neglect being reaped, the children were sent as offenders to jails and prisons along with older offenders. One city had a municipal orphan asylum, and private asylums had been established in six other cities. While, early in the development in the care of children which followed, some young children were put out with nurses, the usual course of development was through the almshouse. We read, for instance, how, nearly at the middle of the century, the children who were public charges in New York City were gotten out of the almshouse buildings used for



adults, and from "the dilapidation of the old and wretched Long Island farm hovels," but were still under the care largely of adult paupers, vagrants, and even criminals from other city institutions. Not until a quarter century more had passed was legislation secured in the State of New York to forbid the retention of children in almshouses. The next marked tendencies, the possibilities for good of the old indenture system having passed away largely with changing industrial conditions, were the increase in the institutions solely for care of children, and in a few States, as Massachusetts and Michigan, the placing-out and oversight of children under a State agency. Then came the formation of children's aid societies, aiming to place out children in selected houses, carefully watched, instead of congregating them. The growth of the public-school system helped this great step forward. So has the use of boarding homes for children not easily or not advantageously placed in free homes. The system of public subsidies to provide institutions for children is shown to result in marked tendencies to the increase of public charges. Of late, in leading communities where such a system has existed, very careful checks through public supervision of children accepted as public charges are required by law. As between such a modified system and that of State care of public charges, the State care seems to be now in the lead. The tendency is for public authorities to take charge of children who are to be separated from their families for a long time, and for other children to be treated with their families or removed for brief times, by private charitable agencies. The history of juvenile reformation during the century is summed up as the removal of young offenders from association with adults and their treatment from an educational and reformatory point of view. The most recent movement in this is for the greater use of the probation system, with special judicial officers for children.

The number of children in the country in institutions and placed out in homes by agencies is estimated to be at least a hundred and fifty thousand. The century just closed has seen great advances, but we need to know more of the care given, of the actual results of different methods used. To be interested in promoting in each and every community the best methods is a work of great value to individuals and society.

T. B.

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#### BOOKS TO BE READ TO PATIENTS

"THE LANE THAT HAD NO TURNING," by Gilbert Parker, is another book of short stories, this time of the French-Canadian people and country Parker has so perfectly made his own. The stories are full of that vague sadness of the winds, the woods, and of brooks murmuring at twilight, but holding an immense compassion for "the failures, the suffering, and the husks of evil." ("The House with the Tall Porch.") If several stories might be selected for this very quality of pitying understanding of those whose lanes have no turning, they might be "The Worker in Stone," "The House with the Tall Porch," "The Golden Pipes," and "The Tragic Comedy of Annette."

Very, very different is "THE PINES OF LORY," by J. A. Mitchell. A rather serious beginning is immediately merged into a most deliciously improbable little tale of two decidedly modern Robinson Crusoes. One of them is certainly a Gibson girl!

It seems to be Mr. Mitchell's forte in this story to bring us again and again to the very verge of expecting something just a little more serious than the thing



he finally sets before us, but he does it with such gayety that the reader is compelled to share it and even to be an accessory to his somewhat impossible facts.

Even the fairy godmother is accepted, and if the story leaves us rather breathless and not wholly convinced, at least we are immensely entertained and distinctly wish he would "do it again."

L. D. D.

SUBSTITUTES FOR THE SALOON. By Raymond Calkins. Houghton, Mifflin & Co.

Delos F. Wilcox writes for "Municipal Affairs" an exhaustive review of this book, which was the outcome of investigations made for the Committee of Fifty, organized in 1893 for the investigation of the liquor problem from its physiological, legislative, ethical, and economic aspects.

Mr. Wilcox summarizes the duties of the municipality as follows from the pages of facts and recommendations presented by Mr. Calkins:

*First.* The city should provide an adequate number of public comfort stations, so that men will not be obliged to buy a glass of beer to pay the saloon-keeper for such service.

*Second.* The city should maintain municipal buildings in every locality, with library and reading-room attachments, for the use of private clubs and for social gatherings. These buildings could be entirely free, or running expenses could be paid by charging a moderate rental for the use of public halls or club-rooms.

*Third.* The school buildings might be utilized to their full capacity by keeping them open as centres of play and social activity outside of school hours.

*Fourth.* The city should provide small parks and playgrounds, gymnasiums, public baths, and swimming-pools, so that summer and winter the opportunities for healthful exercise, physical recreation, and cleanliness shall be guaranteed to the people of all classes.

*Fifth.* The city should provide for the culture and entertainment of its citizens by means of evening schools, popular lectures, concerts, and perhaps even municipal theatres.

*Sixth.* Let the city apply itself to the solution of the housing problem.

THE COST OF FOOD: A STUDY IN DIETARIES. By Ellen H. Richards. 12mo, pp. 161. Cloth, \$1. John Wiley & Sons, New York.

This little book on the scientific aspect of food is full of interest to anyone who is associated with the food supply of a family or community.

Mrs. Richards opens it with a chapter on "Food a Necessity—Knowledge of Food—Values a Present-Day Necessity—Kind, Quality, and Cost of Food;" then devotes a chapter to "Food for the Infant," the "School-Child," the "Active Youth," the "Youth at College and for the Brain-Worker," the "Traveller and Professional Person," "Those in Institutions," and "Food for Middle Life and Old Age." The latter part is devoted to the consideration of dietaries ranging in cost from ten cents upward.

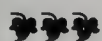
The author states that "the object of this book is not so much to give information as to stimulate research. Its pages are teeming with valuable suggestions to be worked out and developed by the thinking professional woman, who occupies an important part in the proper physical and mental development of the coming generations."

E. S.



# NOTES FROM THE MEDICAL PRESS

IN CHARGE OF  
ELIZABETH ROBINSON SCOVIL



**DIAGNOSIS OF MEASLES.**—Enrico Castelli in the *Boston Medical and Surgical Journal* calls attention to the special sign that "Koplic" in 1896 described as a premonitory symptom of measles. It consists of the presence of grayish-blue patches in the mucous membrane of the cheeks of persons in whom measles will develop in a few days. Such a sign is very useful in the early diagnosis of this disease, especially in adults, where measles is so rarely suspected and where the premonitory symptoms of the disease assume very often a more serious aspect than in children. Koplic, in the observation of many cases of measles, was able to detect frequently the signs spoken of from two to four days before the eruption came out.

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**INFLUENCE OF SCHOOL LIFE OVER HEALTH.**—The same journal has a paper by Frank W. Wright on the influence of school life upon the health of children. He believes in the medical inspection of schools as a means of lessening illness. He thinks the subject should be divided into four parts:

1. Sanitation of the buildings, including the inspection of closets, urinals, heating and ventilating apparatus, lighting and cleanliness of rooms and halls, the water supply and means by which the water is served, and possibly supervision of books, pencils, etc., in regard to neatness, disinfection, and destruction if necessary.

2. Daily examination of pupils for the prevention of contagious diseases, for the detection of vermin and parasitic diseases, and at least once a term to ascertain if all pupils have been successfully vaccinated.

3. The examination of the eyes and ears of each pupil, that errors in refraction and defects in hearing may be corrected and treated.

4. Outside inspection, investigation into cause of absence from school, and if children are found to be ill, the nature of the illness.

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**INSOMNIA.**—The *Interstate Medical Journal* quotes from a foreign exchange an article on the relief of insomnia. After recommending the use of the cold pack, it says: "In many cases, however, the cold pack fails to produce the desired effect, and we may then make use of the prolonged lukewarm or warm bath, which is probably our most efficient means of combating insomnia. The patient is entirely immersed to the neck in water having a temperature of from 92° to 98° F. for from fifteen to thirty minutes. The bath is usually given soon before the patient desires to go to sleep, but may be given several hours earlier provided the patient goes to bed immediately after the bath, or at least remains perfectly quiet."

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**POTATOES IN DIABETES.**—The *Medical Standard* quotes an editorial in the *British Medical Journal* on this subject. It is a review of a communication of



M. Mossé to the French Academy of Medicine, in which he not only recommends potatoes as a substitute for bread in the dietary of diabetic patients, but urges the use of a considerable quantity, as much as two or three pounds being allowed daily. He describes a number of cases which were placed on this diet to show that as compared with an equivalent quantity of bread their use was followed by diminution of the glycosuria, polyuria, and thirst, and marked improvement in the general health. In only one case was the result unfavorable. It is shown that many diabetics can take three thousand grains of starch daily in the form of potatoes without eliminating more than five hundred or six hundred grains of glucose by the urine; that this is not due to defective assimilation is shown by the fæces. These cases were mostly of the arthritic (rheumatic) type. Mossé ascribes the benefit of the potato diet to the alkaline salts, especially potassium, contained in the tuber. He does not recommend its indiscriminate use in all cases of diabetes, and says that the urine should be frequently examined.

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REMOVING WARTS AND MOLES.—The *International Journal of Surgery* says: "Warts and moles may be removed by touching them daily with glacial acetic acid, which must not be permitted to touch the healthy skin. If this is carefully done, no scar will be left."

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ANTIDOTE FOR FORMALDEHYDE.—The *Medical World* thinks that owing to the popularity of formaldehyde as an antiseptic cases of poisoning may arise from its use. The antidote is ammonia well diluted, and aromatic spirits of ammonia is recommended as an ideal form in which to administer it.

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SHALL YOUNG CHILDREN BE GIVEN MEAT?—Dr. Joseph E. Winters, of New York, professor of diseases of children in the Cornell University Medical College, speaks very strongly on this subject in an article published in the *Medical Record*. He says:

"The excess of proteids and extractives contained in flesh foods acts as a stimulus to some reflex nervous machinery through which metabolism of all tissues is hurried on. They stimulate the normally active metabolism of a child and prevent storing of the tissue builders. Over-stimulation of metabolism by an excess of animal food interferes with laying on flesh-fat or muscular flesh.

"Muscles do their work upon carbohydrates. A child, with its unceasing acrobatic, muscular feats, should have an abundance of that food which is regarded as the most valuable source of muscle energy, and the sensitive nervous system should not be stimulated by a nervous food.

"One of the most unfortunate wholly unconsidered ill consequences of an early and liberal meat diet is the disrelish it creates for the physiological foods of childhood—cereals, vegetables, milk. A child that is allowed a generous meat diet is certain to refuse cereals and vegetables. Meat, by its stimulating effect, produces a habit as surely as do alcohol, tea, or coffee, and a distaste for less satisfying foods.

"The food which the meat-eating child rejects contains in large proportions certain mineral constituents which are essential to bodily nutrition and health, and without which the processes of fresh growth and development are stunted.

"The chemical processes in the organism are dependent upon alkaline reacting tissue fluids.



"In the combustion of flesh food (proteids) in the organism sulphuric acid is formed, and death may be caused by a lack of alkaline bases necessary to neutralize this acid product.

"For the processes of fresh growth, for the construction of bone, muscle, etc., mineral constituents are likewise required in large proportions. These are only found in organic combination in sufficient proportions to meet the large demands of a child in certain vegetables and cereals which obtain them direct from the soil as provided by nature.

"The evil fruit of this abnormal feeding is to over-stimulate the delicate nervous organization with undeveloped controlling centres and almost completely developed sympathetic nerves; to tax the system with incompletely burned, merely charred excretory products; to render the urine, which in the young child is highly acid, abnormally so; and in its train incontinence of urine, rheumatism, chorea, rheumatic tonsillitis and torticollis, night terrors, urticaria, angioneurotic œdema, and finally, from poisonous excrementitious products, anæmia, acute convulsions, and petit mal.

"The ever-active, muscle-laboring, growing child with its rapid heat-loss should have an abundance of cereals, vegetables, and milk in its diet to meet the physiological requirements.

"Children in whose diet meat is a large factor have not the robustness and vigor, the freedom from attacks of ill-health, witnessed in those who have meat but sparingly. A disproportion of animal food by over-stimulation of metabolism leads to imperfect tissue-nutrition, delicacy of constitution, and irritability and peevishness of disposition; the resisting powers of the organism are impaired and the susceptibility to disease heightened. Meat juice should not be given to a healthy child before two years old, and then in quantities not to exceed half an ounce to one ounce three times a week. The healthiest children are those who have meat every second day only up to the age of five and six years."

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INFANT MORTALITY.—The Chicago Clinic, quoting from a paper on "Un-natural Death" read at the recent meeting of the English Sanitary Institute, says: "About one million babies are born annually in England. Thirty thousand of the million die violent deaths from accident, thirty thousand die unnecessarily from tuberculosis, and one hundred and twenty thousand more from absolutely preventable causes, such as small-pox, measles, and scarlet-fever. Only forty-five thousand live their natural lives, and nearly one in twenty die from wearing out. One-fourth of all the diseases which destroy life are absolutely preventable, and fifteen years would at once be added if the practice of hygiene were placed on a level with its theory. Only four and one-half per cent. of the babies born annually live to the end of their allotted three-score years and ten."

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SPUTA-CUP FOR CONSUMPTIVE PATIENTS.—Dr. J. O. Cobb, passed assistant surgeon United States Marine Hospital Service, in an article in the *Philadelphia Medical Journal* recommends a sputa-cup for patients who are able to walk about, which he claims has many merits. It is in two parts, can be carried in the pocket without spilling its contents, concealed in a handkerchief when in use, and easily emptied and sterilized in a tin can made for the purpose or by boiling. It is cheap and practically indestructible. It is called the Marine Hospital Service cup.



# HOSPITAL AND TRAINING-SCHOOL ITEMS



## HOSPITALS

THE Colored Home and Hospital, a finely equipped building with over three hundred beds at East One-hundred-and-Forty-second Street and Concord Avenue, New York City, is now open to white patients. There is no longer any special need for a hospital for colored people, inasmuch as all the hospitals in the city now receive patients without distinction of color. The managers of the Colored Home and Hospital will accordingly consider the advisability of changing the name of the institution in the hope of attracting more white patients.

THE City Council of St. Louis has granted the use of a permanent site in Forest Park of that city for a Hall of Philanthropy, which, it is hoped, will be built and maintained by the Women's Federation of Clubs in the various States in the territory of the Louisiana Purchase. This building, which will be used as a woman's club building during the World's Fair, will be made a permanent central bureau of information for the uses of charitable and reformatory institutions throughout the United States.

MR. DANIEL S. HOWARD has added ten thousand dollars to the endowment fund of the Brocton Hospital, of Brocton, Mass. This gift encourages the trustees to go forward with a feeling of confidence that the hospital is to prosper in the future.

THE Long Island Hospital, Boston Harbor, has a new wing, recently completed, to be used exclusively for consumptives.

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## TRAINING-SCHOOL NOTES

THE graduating exercises of the Training-School connected with the Kingston General Hospital were held in Convocation Hall at Queen's University on April 18. The decorations were in red and white, the hospital colors. The nurses formed a very attractive-looking company in their red and white uniforms. The graduating class wore black bands on their caps.

Professor Marshall, chairman of the Board of Governors, occupied the chair. The venerable Archdeacon Carey opened the exercises with prayer. Professor Marshall made the opening address. Professor McComb gave the charge to the graduating class. There were songs by Miss Pirley and Mr. Craig, violin solos by Miss Evans, and cello solos by Paul Hahn. The diplomas were presented by Dr. Wood, and the badges were pinned on by Mrs. Marshall and Mrs. Morgan Shaw.

An interesting part of the programme was the recitation of the Nightingale pledge, which the graduating class repeated after Miss Flaws.

The graduating class was composed of Miss Margaret Moag, Smith's Falls; Mrs. Joseph Reid and Miss Joyner, Kingston; Mrs. R. Instant, née Miss Mabel Chown, Stella; Miss Grace Chalmers, Adolphustown; Miss McKay, Glasgow,



N. S.; Miss Howden, Peterboro; Miss Gladys Owen, Toronto; Miss Crosby, Uxbridge; Miss Dick, Packerham; Miss W. E. Paul, Janetville; Miss Ellis, Gananoque; Miss Galey, Belleville; Miss Ashton, Rednersville.

ON Monday evening, May 12, the graduating exercises of the Presbyterian Hospital Training-School of Philadelphia took place at the Princeton Church.

Dr. Dickey, president of the Board of Trustees, awarded diplomas and medals to the following graduates: Lily D. Atkinson, Asheville, N. C.; Louisa P. Clark, Winchester, Va.; Matilda A. Clifton, Easton, Pa.; Elizabeth F. Dewey, Uniontown, Pa.; Mabel Y. Herr, Mifflinburg, Pa.; Anna A. Kramlich, Fogelsville, Pa.; March E. Light, Lebanon, Pa.; Alba Robinson, Brooklyn, Ala.; Amy L. Seyfert, Pine Grove, Pa.; Daisy M. Sherwood, Union City, Pa.

The addresses, which were delivered by Dr. George Erety Shoemaker, one of the staff, and Professor George S. Fullerton, of the University of Pennsylvania, were full of encouragement and congratulation for the outgoing class.

After the service a reception was given at the home by Mr. James Magee to the nurses and their friends.

THE Children's Hospital of Boston held graduating exercises April 11. Dr. F. Gordon Merrill presided and Mr. F. W. Hunnewell presented the diplomas and spoke in behalf of the trustees. Miss Isabel M. Emberly gave the valedictory in an exceedingly able manner. Dr. Charles F. Withington gave the charge to the nurses. The following are the names of the graduates: Sydney Clark, Mary Allen Ladd, Sarah Holway, Blanche Swainhart, Lilian Guillod, Jennie Audrey Barker, Rebecca Clogher, Edith P. Ralston, A. Josephine Snow, Isabel M. Emberley, Alice L. Sleep, Sister Emma Margaret.

THE graduating exercises of the Butterworth Hospital Training-School at Grand Rapids, Mich., took place in the Park Congregational Church on the evening of May 5. There were the usual addresses, interspersed with music, and refreshments were served later in the church parlor to the graduating class and guests. The names of the graduates are: Miss Nellie Blanche Hall, Miss Clara Hogle, Miss Katherine Imus, Miss Annie McRobie Ross, Miss Hilda Schuil, Miss Myrtle Ten Eyck, Miss Cora Elizabeth Warren, Miss May Wiley.

THE eight-hour system has been established in the New England Hospital for Women and Children, which has necessitated an increase in the school and nurses' quarters. The Farnsworth Cottage has been cosily fitted up as an annex to the Nurses' Home. It has special rooms for night nurses, a well-equipped study, also a kitchen where the cooking classes are held.

MISS ANNIE GOODRICH has been appointed to the position of superintendent of nurses at the New York Hospital to succeed Miss Sutcliffe. Miss Goodrich is a graduate of this school. She had charge, for some years, of the Training-School of the Post-Graduate Hospital, New York, and resigned the same position at St. Luke's to accept the new appointment.

MISS JANE DELANO succeeds Miss Brennon as superintendent of nurses at Bellevue Hospital. Miss Delano is a Bellevue graduate, and has held several important executive positions, one being that of superintendent of nurses at the Hospital of the University of Pennsylvania, Philadelphia.

MISS L. S. SMART has resigned as superintendent of the Butterworth Hospital, Grand Rapids, Mich., and Miss Fisher, the former superintendent, who has been taking the course at Teachers College in Hospital Economics, will again take the position.



MISS WILFREDA BROCKWAY, a graduate of St. Luke's, Chicago, has accepted a position on the Cleveland District Nursing Association staff. Miss Brockway has had a wide experience in connection with the visiting nursing work in Chicago.

MISS WALKER, of the Pennsylvania Hospital, Philadelphia, and Miss Nevins, of the Garfield Hospital, Washington, have put *THE AMERICAN JOURNAL OF NURSING* on the list of educational reference-books with which their pupils are required to become familiar.

MISS JEAN S. KAY, graduate of the Brooklyn Hospital, has recently been appointed superintendent of the Parker Memorial Hospital Training-School, University of Missouri.

MISS MARGARET WALLACE has resigned as superintendent of the Memorial Hospital of Brooklyn, N. Y., and will take charge of the City Hospital at Auburn, N. Y.

MISS ELIZABETH A. PARKER has resigned as superintendent of the Homœopathic Hospital, Baltimore, Md.





# THE GUILD OF ST. BARNABAS

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## SOMETHING MORE ABOUT AMBROISE PARÉ

“LET the surgeon be well educated, skilful, ready, and courteous. Let him be bold in those things that are safe, fearful in those that are dangerous; avoiding all evil methods and practices. Let him be tender to the sick, honorable to men of his profession, wise in his predictions; chaste, sober, pitiful, merciful; not covetous or extortionate, but rather let him take his wages in moderation, according to his work, the wealth of his patient, the issue of the disease, and his own worth.”

These words were penned by Guy de Chanliac in his “Grande Chirurgie” in 1363 and form no bad model for the conduct of a surgeon in this enlightened age. I dare say we all read the interesting selection from the “Life and Times of Ambroise Paré” given in the January *AMERICAN JOURNAL OF NURSING*, and the book itself is well worth reading, as is also the series of articles on the same subject which began in October, 1901, in the *Boston Medical and Surgical Journal*, and continued through several numbers.

Besides being the most famous surgeon of his time, Paré had the art of graphic narrative, and his racy accounts of the travels and cures of his eventful life are full of interest. Nothing could be more fixed and dogmatic than medicine and surgery in his day, and as dissection was forbidden and anatomy thus unknown, the learned doctors of those days clung to the theories of the schoolmen and covered their ignorance by dark discourses of essences, vapors, and humors which affected the human body. Paracelsus, indeed, dared to use freedom of thought, burned some of the books in use, and lectured in German, but his judgment was poor and he did not carry out the promise of his beginning.

In Paré's time (he was born in 1510) a dreadful war waged between the physicians, surgeons, and barber-surgeons. The latter were unlearned men, who performed their work in blood-letting and what other *minor surgery* fell to their share in strict accordance with the traditions of their fathers. Paré was, after a very partial instruction in Latin by an old priest, apprenticed to one of these, and as apprentices were expected to rise before daylight, sweep the shop, and make ready for customers, run about all day to the houses of wealthy patrons, and were, we are told, often fed on bread and water and had no time to study except at night, when they were too tired and sleepy to do much, we fear his path was beset by many thorns. Lectures were sometimes given to these young aspirants at four o'clock in the morning! At last Paré became a master barber-surgeon, and afterwards got an appointment as interne at the Hôtel Dieu, where he gained considerable experience, and then went to the wars, not being attached to the army but simply a follower of it, getting what he could to do and paid by the job! The great lords who followed the King had their own surgeons, who



were priests, while various barber-surgeons and dressers, both men and women, crowded the camp. The treatment of gunshot wounds in those days was most cruel. As the lead of the bullets was supposed to be poisonous, boiling oil was introduced into the wounds. One day Paré found the oil had given out, and he applied instead a paste of yolks of eggs, rose oil, and turpentine. All night, he says, he lay awake, sure that the men so treated would be dead before morning from the poison of their wounds. On visiting them in the morning, however, he found them comfortable and the wounds clean, while the other soldiers who had been treated with the barbarous method then in vogue were in a high fever and the wounds all black. After this he never again used the oil. When Paré had become famous, he was admitted to the College of St. Côme, the stronghold of the exclusive surgeons of his day; he says himself he could not have passed the examination, but it was all arranged beforehand and everything made easy for him. In this hospital he did much dissecting, and says that he once divided a cadaver lengthways and dissected half of it, keeping the other half for twenty-seven years, from which we see that he must have understood the art of embalming. Paré was surgeon to four successive Kings of France and was by them lent to foreign potentates and great nobles. His cure of one of these is shown by the extract published in the January JOURNAL before referred to. One of his most famous patients was the Duc de Guise, who was wounded by a spear, which went through his head and the point came out the other side, the shaft of the weapon being broken off. The steel was so embedded and so near the duke's eye that no surgeon would attempt to remove it, fearing the eye must come too. Paré took a pair of smith's pincers and, asking his noble patient's permission to place his foot against the head to get a purchase, he drew out the spear-point so delicately that the muscles of the eye received no injury. The duke recovered and bore to his death the scar of the wound, which gave him the nickname of François le Balafré. Paré must have been a man of infinite patience as well as skill. All the common people and soldiers loved him, it is said, and he was, too, a man of open and ready speech and dared to give his opinion to the grand seigneurs of the time.

We are told, as an example of his patience, that he once tried for two years to get from a famous surgeon of Turin the receipt for a balm for wounds. It hardly seems worth the trouble to us, as it consisted of oil of lilies, in which had been boiled young whelps just born and earthworms prepared with Venetian turpentine. Stag's horn was a sovereign remedy in this time, and Paré wrote against it, considering it a superstition; it was certainly a costly one, as we find from the constituents of the so-called *electuaire de madame*, destined for an abbess who was ill. Powdered pearls, powdered coral, powdered stag's horn, and stag's heart formed this delectable compound, which was ordered to be gilded with fine gold and was supposed to "mineralize and polypify the body of madame." It cost four pounds.

Besides Paré's skill in the treatment of gunshot wounds, he was the first surgeon of his time to use the ligature in closing arteries instead of the cautery, as his contemporaries did. He was also very successful in trephining in fractures of the skull.

He wrote many books and lived to a good old age, respected and loved, though, of course, he had his enemies. Dumas in his fascinating novel, translated under the title of "*Marguerite de Valois*," represents his heroine, the brilliant and learned but licentious queen of Henry IV., as a pupil of Paré. Whether this is true or not we cannot say, but what with national wars, public



brawls, and private quarrels, the art of the surgeon was bound to flourish "in the brave days of old."

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BOSTON BRANCH.—The March meeting of the Guild of St. Barnabas was held at St. Stephen's, April 2, as the regular time of holding it fell in Holy Week.

Our chaplain in his address spoke on the rule of life, saying that it comprised the whole duty of a Christian,—our duty to God and to man,—and in taking his place for the first time expressed his readiness to help us all, and hoped that we would always feel at liberty to apply to him.

During the social hour afterwards an Easter-egg hunt was indulged in.

The April meeting was held in the same place on April 3. Mr. Bishop spoke of the services for St. Barnabas's Day, and said that he would gladly arrange to have the Celebration of Holy Communion at whatever hour would be most convenient for the nurses, and urged that as many as possible be present. It was decided to have the service at the usual hour, seven A.M., at St. Stephen's Church, with special supplication for the Guild of St. Barnabas.

We then adjourned to the church, where the service was conducted by the chaplain, who spoke in his address of the use and beauty of true and loving service and the danger in all callings of degenerating into professionalism. A social hour in the Parish House followed.

We are sure it will interest the members of our branch to hear of the marriage of Miss Gussie Wright to Mr. Hocken, of Chatham, N. B. Miss Folger is now in charge of the Vincent Memorial Hospital, and we have cheerful accounts of Miss Battelle, who has been at the Coronado Hotel all winter.

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HARTFORD, CONN.—The hundred and first meeting of the guild in Hartford was held April 9. The service was at Trinity Church at eight-fifteen P.M. The chaplain gave a brief but interesting history of the guild, especially of the Hartford Branch, as appropriate to this time—the beginning of the second hundred of our regular meetings, which opened with a service and an address, followed with the business of the guild and a social hour. At the suggestion of Mrs. Montigue, who was at that time secretary of the New York Branch, Dr. Hart started this branch in 1892. He met a number of ladies interested in the subject in the lecture-room of the hospital on March 5, and the branch was organized then, with Dr. Hart as chaplain, Miss M. C. Huntington, secretary, and Miss Ellen W. Gray, treasurer. On the 15th of the same month the first service was held at Christ Church Chapel, thirteen associates and twenty-eight nurses being admitted as charter members. During the ten years one hundred and forty-one nurses and twenty-four associates have been admitted. Of the associates, two have died, three have resigned, and two, who were heads of the Training-School, have taken their places among the nurses; of the nurses, twenty-two have resigned, seven have been transferred to other branches, fourteen have been dropped for various causes, and eight have died. We now have our chaplain, one priest associate (the Bishop of Connecticut), seventeen associates, and ninety-one nurses. The chaplain said that it had been a great gratification to him that he had been able to officiate at all but six of the hundred meetings (these absences were owing to his necessary attendance upon the General Convention of the Church and other unavoidable causes). He also has officiated and made addresses at the early Communion services for the guild during the ten years, on the Feast of St. Barnabas, and for seven years at a Christmas Eve service in St.



John's Church. The pastoral duties connected with the guild had been a great pleasure to him, but he felt regret and sorrow that he had not been able to do more for the members individually. He closed with expressing his satisfaction in having this anniversary come in the Easter season, and drew from the thoughts which belong to the season and its services valuable lessons for our lives.

Miss Winifred Hardiman was admitted to membership in the guild at this service. A short business meeting was held in the beautiful Parish Room, and then we all heartily enjoyed the entertainment provided by the committee (consisting of Mrs. T. B. Beach, Mrs. J. J. Nairn, and Miss Morgan), of recitations by Mr. J. J. Nairn, given in his own inimitable way, and songs delightfully rendered by Mr. Marvin. The supper-table was also most attractively decorated with a border of orange-colored mandarins, each one surmounted by a tiny yellow duckling.

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PROVIDENCE.—The April meeting of the guild was held at St. Stephen's Church on Thursday afternoon, April 3, with a gratifying attendance.

The Guild Office was said in the chapel by the chaplain, and Miss Jessie L. Clauson, matron of the Whitmarsh Hospital, and Miss Rose Linden were admitted as active members.

The guild then adjourned to the guild room for the business meeting, which was followed by an address by the chaplain and a tea provided by one of the associates.



THE parish priest of Austerity  
Climbed up a high church steeple  
To be nearer God, so that he might hand  
His Word down to the people.  
And in sermon script he daily wrote  
What he thought was sent from Heaven,  
And dropped it down on the people's heads  
Two times one day in seven.  
In his age, God said, "Come down and die!"  
And he cried from out the steeple,—  
"Where art thou, Lord?"  
"Down here among my people!"

—BISHOP COXE.



## PRACTICAL HINTS



POST-OPERATIVE OUT-OF-DOOR TREATMENT OF SURGICAL PATIENTS.—We have been reading and hearing for some time of the hygienic treatment of patients and the application of Nature's own remedies for the prevention and cure of disease. Fresh air and sunshine, formerly so carefully shut out from the sick-room, we now find are the greatest factors in helping us bring our patients over the border-line of disease, not only into health but also comfort. I do not wish to write of this in a general way, for it is nothing new to us. In many hospitals and sanatoriums patients are taken out-of-doors within a day or two following operation. To be taken immediately from the operating-table out-of-doors to recover from the effects of the ether, remaining there for six hours, is, I believe, a new departure. During the service of Dr. Clara Alexander from January until May 1 seventy-five patients were treated in this way. Of this number fifty-four were major operations, both surgical and gynæcological.

The patient is taken directly from the operating-table and placed on a cot having a mattress. She is well protected with blankets and long, hot-water bags, the face being left well exposed. She is then carried out-of-doors to an uncovered porch over a porte-cochère. The weather is not considered, the emergency only provided for. Neither do we consider the hour of day or night. If very cold (four degrees above zero was the lowest temperature at which a patient was taken out), more heat is given. If raining or snowing, a rubber sheet is provided. A nurse must also go. She is warmly dressed under her uniform, feet well protected. She wears a warm coat and hood, in wet weather a mackintosh. The record slip is pinned on the bed, the pulse taken at the temple. On one occasion when a violent snow-storm and high wind prevented the usual routine, not but that the patient could have been protected, but the nurse would surely have been blown off the roof, the patient was put in a large ward and the windows opened wide. Should the patient's condition require stimulation by rectum or infusion of salt solution, she is then taken to a ward with windows opened wide. The result in every case is very satisfactory. The patient recovers more rapidly from the ether. There is little or no nausea, and the usual first night of restlessness and wakefulness is one of quiet natural sleep. From the above number treated in this way not one contracted cold, and the nurses did not suffer in any way; on the contrary, I noticed a marked improvement in the general health and appearance of the school.

ANNA C. JAMME,

Superintendent of Nurses, New England Hospital, Boston.

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SOME DIFFICULTIES OF THE PRIVATE NURSE.—It is not easy in dealing with the complex question of the difficulties of private nursing to draw a hard-and-fast line between those which are practical and those which are ethical. The two are more entangled in this branch of the work than in hospital life or district nursing.

A consensus of opinions on practical nursing difficulties would appear to indicate that a thoroughly trained private nurse should know how to meet them. She has not the necessity for inventing ingenious makeshifts demanded of the



district nurse, as the patients able to pay the fees of a private nurse are usually more or less comfortably situated with regard to the ordinary requirements of a sick-room. Still, nurses do encounter cases where from real want of means or from undue economy necessities are not forthcoming.

It is advisable not to be in a hurry in asking for sick-room adjuncts under these circumstances. A judicious pause of twenty-four hours enables the nurse to take in her surroundings and see how matters really stand. Absolute necessities, such as a bed-pan, water-pillow, ice-bag, etc., can be obtained on hire temporarily from a chemist in most places. It is a heavy drain on limited purses to purchase these articles outright when it may happen the case terminates fatally in a few days, and any thus hired can be thoroughly disinfected before use. In preparing for an operation, a nurse should under similar conditions avoid a great outlay in dressings, mackintoshes, etc. It is usually possible to make an arrangement with the chemist to take back unopened packets of wool, etc., should less be required than was anticipated. A case in point may be given of a nurse preparing for an operation in the country who, knowing the operating surgeon preferred flat dishes for his instruments, insisted on a set being procured at the neighboring town. The family remonstrated with the surgeon on the score of expense and trouble, and the nurse lost instead of gaining credit for her well-intentioned efforts—a case of *trop de zèle*.

It is a suggestion for the consideration of nurses who prefer surgical cases whether it is not worth their while to institute a private operation-basket, with a washing lining, in which they can carry receivers, flat dishes similar to those used in photography, for instruments and other necessities for an operation. It need neither be heavy nor expensive; need only contain things which can be readily sterilized, and the comfort of it is untold, especially in emergency cases.

A new fish-kettle is an admirable extempore sterilizer, well cleansed and sterilized itself before being used for towels, etc. It may also be a suggestion worth noting that the water-can and jugs for receiving the boiled water for an operation are previously boiled themselves. A nurse accompanied a surgeon for an operation to a case where instructions had been sent by him beforehand to provide plenty of boiled water. On arrival the water was certainly there, but in the uncleansed family washing-tub, greatly to the dismay of the busy operator, whose time was limited by the railway time-table.

It is not necessary to multiply instances of the need of using what is possible in the house, for, as has been already said, a well-trained nurse knows how to deal with these matters.

But one practical difficulty may confront a nurse in the ordinary middle-class household, where the domestic staff consists of cook and housemaid. The cook may not have the least idea of invalid cookery, and yet diet may be a most important factor in the case. With tact and discretion the nurse should take the bull by the horns and prepare the special dishes herself. It may be said this is stepping out of her province, and that she cannot attend to her patient properly if she is in the kitchen. But to the nurse with the interests of her patient more at heart than her own dignity, it is a more real service to secure digestible nourishment, even by asking the cook to take temporary duty with the patient if necessary, than to let discomfort and distress arise on account of ill-prepared food. No private nurse is really competent for her work who cannot cook, and cook *well*, not only sick-diets, but convalescent dishes. Nurses in America have so appreciated this fact that both classes of cooking are a recognized part of



their training curriculum, ranking with bandaging, bed-making, and other nursing essentials.

A point that appeals to all nurses on private work is the arrangement of the hours for sleep and exercise. It is a really difficult one, and one where hard-and-fast rules are apt to lead to worse difficulties. The *minimum* time "off duty" is undoubtedly eight hours in the twenty-four, and if possible ten.

But the wise nurse who intends to do her best for her patient and puts herself into the position of the friends and their anxiety will avoid making any statement as to "time off" at the beginning of her case. Let her go on duty on her arrival with the air of one who has come to stay, prove herself attentive and sympathetic, wait until she sees what the friends are inclined to propose, instead of suggesting hours herself, and the battle is half won. It is quite true instances occur when, after two days and a night on duty, surprise is expressed if a nurse needs rest, or a nurse may be told "she has come to work and not to sleep." But by waiting a little, not suggesting the point herself, but by letting the friends do so, the eight hours of rest can generally be obtained without friction. In instances of unreasonableness it is well quietly to apply to the doctor, and such an appeal rarely fails. It is impossible at times to leave an acute case, e.g., a pneumonia, for long if there is no one to be responsible, but the nurse must use discretion. If the people are wealthy, a second nurse may be obtained, or a relation may be sent for to render some assistance.

It is a wise plan when nursing an acute case single-handed to leave minute written directions as regards times and quantities of food, medicine, and stimulants when the nurse is off duty. In special cases it may be advisable to measure out the various foods, and insist on that quantity only being given. It gives the friends a pleasing sense of responsibility, to which they respond, and enables the nurse to rest in peace, knowing all reasonable precautions have been taken.

When working with another nurse, the wishes of the patient and the household arrangements should be considered in every way when arranging day and night duty. To rouse the patient early in order that the night nurse may make the morning toilet before she goes off duty is utterly inexcusable. For the night nurse to require a special meal late in the evening is a tax on an ordinary small household. It is mistakes like these that give private nurses a bad name for being selfish and inconsiderate.

It is essential for nurses to look after their health. Due rest and due outdoor exercise are absolutely necessary, and it is often difficult to obtain them. There are two courses to consider—one the soft-hearted want of backbone, that makes a nurse go on without rest because she does not like to offend her employers, until she is worn out and a precedent created for her successors that is difficult to alter. This is not real kindness to any concerned, and to the patient least of all, as an over-tired nurse cannot do her work well. The other is the nurse insisting on hard-and-fast rules, regardless of anyone's convenience but her own. It may certainly secure her bodily rest, but such an attitude of mind slowly but surely wrecks the character, making the welfare of self come before the welfare of those to whom she ministers, and a selfish nurse is one unworthy of the name.

Again, there is sometimes a moral cowardice in speaking either to the friends or to the doctor about unnecessary discomforts. A nurse will complain bitterly of having to sleep on a couch with only a couple of blankets, but she has never represented the discomfort to any of the household while with the case. In some households of small means it may be impossible to provide decent sleeping ac-



commodations, and a nurse who cheerfully makes the best of it under those circumstances is taking the higher part. But to make a grievance when a few tactful words would probably put things straight is wanting in right feeling.

Order, method, and punctuality are essential qualifications for a nurse, but sometimes it is impossible to enforce any of them at a case. Then the nurse should try to follow the Irishman's advice, "Always take things aisy, an' if ye can't take thim aisy, thin take thim as aisy as ye can." There is sound philosophy in that somewhat involved remark when applied to the dealings of a nurse with the many households which she enters.

In conclusion, the question of "difficulties" depends in a large measure on the nurse herself. Some always have "hard cases," and find the paths of life very stony. Others make friends wherever they go, and seem to live in "green pastures." Let every woman determine to master the details of her work, not rest content with merely doing them, but aim at doing them in the best and newest way; let her put her patient's interests first, and yet in a friendly, non-aggressive way secure her own share of rest and sleep; let her be receptive and adaptable, and many, if not all, the difficulties disappear to a vanishing point. Unreasonableness, want of sympathy and consideration, will always be encountered, but the nurse with the higher ideal will not let these put an undue weight upon her as she climbs the too often rugged path of duty.—AMY HUGHES in *Nursing Notes*.

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IN clearing up a room that has been occupied by a contagious case what to do with growing plants is often a problem. In warm weather shower well and set out-of-doors for three or four days; but in cold weather the only really safe thing to do is to burn the plant, and either bury the earth or throw it in an out-of-the-way place, where it will be exposed to the sun and air. The leaves of the plant gather dust, and in the dust may be the germs of contagion thrown off from the patient's body.

Remember also that cats and dogs may carry contagion in their hairy coats, which they gather up from the dirt and dust as they run about.

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ORDINARILY very sick patients are wakened at night for nourishment and other treatment. Patients advancing towards convalescence are usually allowed to sleep.

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AFTER abdominal operations an early evacuation of the bowels prevents toxic absorption, relieves thirst, and reduces the pulse and temperature.

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IN epilation, when the hair removed has been near a diseased skin, it (the hair) should be burned immediately and the forceps sterilized.

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CHARACTERISTIC red spots in the mouth should be watched for in measles.





# OFFICIAL REPORTS OF SOCIETIES

IN CHARGE OF  
MARY E. THORNTON



[We must ask contributors to this department to make their reports as concise as possible, omitting all mention of regular routine business, and stating such facts as are of special interest to absent members or to the profession at large. The JOURNAL has already increased its reading pages from sixty-four to eighty, and it must keep within these limits for at least the remainder of the present year. In order to do this all of the departments are being condensed to make room for our constantly increasing items of interest.—ED.]

## THE TRAINED NURSES' ASSOCIATED ALUMNÆ OF THE UNITED STATES

THE fifth annual convention of this body was held in Chicago May 1, 2, and 3, the president, Miss Annie Damer, in the chair. The attendance was large, nearly every one of the fifty-four societies having a membership in the National Association being represented.

Miss Julia Lathrop made the address of welcome, and right royally did Chicago welcome the delegates. The reception at the St. Luke's Nurses' Home, the luncheon given by the alumnae associations of the Illinois Training-School, the Mercy, the Michael Reese, and the St. Luke's Hospitals, the tea at St. Barnabas Guild rooms, the "At Home" given by the Illinois Training-School, and the "At Home" at "Hull House" were occasions to be remembered. The clinic held by Dr. Murphy was greatly appreciated by those fortunate enough to be present. Thanks are due Messrs. Swift & Co., Libby, McNeil & Co., and Armour & Co. for their courteous invitations to visit the plant at the Union Stock Yards.

Mrs. Hunter Robb was elected honorary president of the association and the following officers for the coming year: President, Miss Mary M. Riddle; first vice-president, Miss Harriet Fulmer; second vice-president, Miss Sara Rudden; treasurer, Miss Tamar E. Healy; secretary, Miss Mary E. Thornton.

A detailed account of the proceedings will be published in the July number of THE AMERICAN JOURNAL OF NURSING.

MARY E. THORNTON,  
Secretary.

## THE BUFFALO NURSES' ASSOCIATION WILL NOT AFFILIATE

"WHEREAS, The New York State Nurses' Association at its last two meetings did adopt a constitution and by-laws which must result to the disadvantage of the nursing profession and which defeats the objects for which said association was organized, and were adopted, as we believe, against the wishes and judgment of a majority of the nurses of New York State; and

"WHEREAS, We desire a State organization of nurses for nurses, and not an organization of nurses for the purpose of advancing the interests of a few, and, believing that no legislation can be obtained unless the coöperation of all nurses and of the medical profession is secured; and

"WHEREAS, The said New York State Nurses' Association admits to membership only graduates of general hospitals and hospitals for the insane, and we



believe that such action is not Christian-like and is unwise, and we believe that nurses from all schools connected with reputable hospitals should be recognized until such time as the nursing and medical professions shall elevate the standard by securing legislation, gradually introducing such changes as will provide for hospitals a general training for pupils; and we believe that a few women have no moral or legal right to discriminate against the recognition of such nurses as are recognized by the laws of the State of New York and its medical profession; therefore be it

*“Resolved, That the Buffalo Nurses’ Association deplores and disapproves the action of the New York State Nurses’ Association; and be it further*

*“Resolved, That it is the sense of this association not to affiliate with the New York State Nurses’ Association in its present form; and be it further*

*“Resolved, That a copy of these resolutions be sent to the Trained Nurse and to THE AMERICAN JOURNAL OF NURSING for publication.*

“JOSEPHINE SNETSINGER,

“Secretary of Buffalo Nurses’ Association.”

The above resolutions were read before the Buffalo Nurses’ Association at its regular meeting, May 5, and after full and free discussion were carried with only one dissenting vote.

JOSEPHINE SNETSINGER,

Secretary Buffalo Nurses’ Association.

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#### BROOKLYN NURSES TO ORGANIZE.

A MEETING of the graduate nurses of Brooklyn, N. Y., will be held in the Hoagland Laboratory on Tuesday, June 17, at two-thirty P.M., for the purpose of organizing a local society.

MARTHA J. PARRY, Secretary.

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#### THE AMERICAN SOCIETY OF SUPERINTENDENTS OF TRAINING-SCHOOLS FOR NURSES.

THE Russell House, in Detroit, will be the head-quarters for the annual meeting of the American Society of Superintendents of Training-Schools, to be held in that city in September. Mrs. Gretter writes that it is a delightful and comfortable hotel, having a large “Convention Hall,” which will be used for the meetings of the society. The rates are one dollar and upwards for single rooms, European plan; two dollars and fifty cents for two in a room, or three dollars single room, American plan.

L. L. DICK, Secretary.

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#### REGULAR MEETINGS

HOSPITAL OF THE GOOD SHEPHERD, SYRACUSE, N. Y.—At the regular meeting held April 24, 1902, eighteen members were present. A letter was read from the secretary of the auxiliary of the Hospital of the Good Shepherd, informing us that, as a body, we were elected members of the auxiliary on a basis of one dollar for each ten members. A motion was made and carried that we accept this membership, and that the treasurer be authorized to pay the dues.

Miss Gardner read a report of the State Nurses’ Meeting, held at Albany, April 15, 1902, giving the constitution and by-laws and full minutes.

The following programme was then presented: Two solos by Miss Frank, accompanied by Miss Ward, of Syracuse University; an interesting talk on current events by Mrs. Louise Benson; a review of G. W. Cable’s new book,



"The Cavalier," also some readings from Mr. Dooley, after which a vote of thanks was given the friends who entertained us. A motion was made and carried that we adjourn until three P.M. Saturday.

*Minutes of Adjourned Meeting, April 26.*

Thirteen nurses were present. There was an informal talk of ways and means of beautifying the grounds surrounding the Nurses' Home. A committee of three was appointed for doing something in this line in coöperation with the committee of the Woman's Auxiliary and the hospital authorities.

It was resolved to hold a reception for the next graduating class at the Nurses' Club.

A motion was made and carried that the secretary notify all the members, at least two weeks previous to the June meeting, of a proposed amendment to the constitution, said amendment to allow a permanent standing committee for the Nurses' Club.

A motion was made and carried that the Hippocratic oath now administered to the graduates of the Training-School be printed with the code of ethics, and that arrangements be made whereby all graduates who have not already taken the oath and who desire to do so might have the privilege. Adjournment followed.

EVA M. GARDNER,  
Corresponding Secretary.

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UTICA, N. Y.—The annual meeting of the Saxton Hospital Alumnae was held in the Florence Nightingale Home on Tuesday, March 11, the principal business of the meeting being the election of officers for the coming year. After adjournment tea was served and the president, Miss O'Neil, presented, on behalf of the alumnae, the school pin to Miss Cadmus, the superintendent of nurses.

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CHICAGO.—An alumnae association of the Augustana Hospital Training-School was organized July 12, 1901. Monthly meetings are held the third Wednesday of each month in the chapel of the hospital. A feature of each meeting is a paper contributed by some member. The thanks of the alumnae are due the superintendent of nurses, Miss Pickhardt, for her interest and encouragement in the work of organization, which was rendered the more complete on the occasion of the Fifth Annual Convention of the Associated Alumnae, when the Augustana Alumnae was admitted to full membership in that society.

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BROOKLYN.—The regular monthly meeting of Brooklyn Hospital Alumnae was held May 6. Twenty-one members were present. Six new members were added to our number.

An interesting discussion took place as to ways and means of raising money to increase our sick-fund, thus enabling us to give larger benefits to sick members. No action was taken in the matter.

The meeting was then adjourned, after which coffee and cake were served.

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ORANGE, N. J.—A regular meeting of the Alumnae Association of the Orange Training-School for Nurses was held at 475 Main Street, March 19, 1902, at three P.M.

There were twenty-one members present and six new names were proposed for membership.



The question was again brought before the meeting as to the advisability of the association becoming an incorporated body. A discussion followed, and it was then decided by vote in favor of this, and a committee of two was appointed to make the necessary arrangements. The subject of the new Isolation Infirmary for Graduate Nurses was then introduced, and a vote of thanks was given the governors of the Orange Training-School for the interest they have taken in this matter. Various other items of business were then discussed. At the close of the meeting Dr. W. Granberry was introduced and gave an interesting address on osteopathy, after which a vote of thanks was given Mrs. Stephens and the meeting was adjourned. A pleasant social time with music followed.

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BOSTON.—The regular monthly meeting of the Alumnae Association of the Boston and Massachusetts General Hospital Training-Schools for Nurses was held at the Thayer Library, March 25, Miss M. E. P. Davis, president, in the chair. There were thirty-eight members present.

Miss Riley offered a motion that the treasurer be empowered to purchase one dozen badge-pins of the National Council of Women at seventy-five cents each, in order that members desiring the pin might be supplied by her.

Miss E. A. Anderson moved to amend the motion by substituting for the words "be empowered to purchase" the words "be authorized to receive subscriptions for." The motion as amended was carried.

The subject for discussion, viz.: "The Directories vs. The Nurses," was then taken up. Miss Davis and Miss Perry raised the question as to whether we needed directories or not. Miss Rice thought that each school should provide a directory for its own graduates.

Much interesting discussion of the subject took place, but no definite suggestion was made looking to a remedy for some of the present evils. Upon motion of Miss Riley the meeting adjourned to the gymnasium for a social chat and a cup of tea.

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ASSOCIATION OF GRADUATE NURSES OF MANHATTAN AND BRONX.—On the evening of April 5 a number of graduate nurses in New York City met at 143 East Thirty-fifth Street to discuss the advisability of forming a local association. Between thirty and forty were present.

Miss M. W. McKechnie acted as chairman pro tem. and Miss Anna M. Wakefield as secretary.

Miss L. L. Dock was present and explained the object of the New York State Association and the lines on which it was being formed, and advocated the forming of local societies of nurses for representation in the State Association.

Miss M. E. Thornton, secretary of the National Alumnae, also made some remarks on the relation of local associations to the State organization.

After numerous questions and some discussion, Miss M. L. Daniels expressed the sense of the meeting in the following motion:

"That those present not already connected with other local organizations form themselves into a society for the purpose of aiding and securing State legislation and registration for nurses, and also for the advancement of our mutual aims and interests."

This motion was carried by a rising vote.

It was moved that a committee of three be appointed to draw up a constitution.



Miss A. S. Bussell, Miss A. E. Kirchoff, and Miss M. L. Daniels were appointed. The chairman, Miss Bussell, made the following report: "This association shall be known as 'The Association of Graduate Nurses of Manhattan and Bronx.' The objects of this association shall be to aid in securing State legislation and registration for nurses, to elevate the professional standard, and to cultivate and cherish a feeling of good-fellowship among the members. The officers of this association shall consist of a president, vice-president, secretary, and treasurer." This constitution was adopted as it stood.

On motion, those present became charter members on signing the constitution and paying an initiation fee of one dollar.

A committee to nominate officers was appointed by the chair and the following were elected by ballot: President, Miss M. W. McKechnie; vice-president, Miss A. E. Kirchoff; secretary, Miss T. Spring-Rice; treasurer, Miss A. Wakefield. A committee of five was appointed to draft by-laws for the association, to report at the next meeting.

This meeting was held at 321 East Fifteenth Street. The report of the By-Laws Committee was read by Miss M. L. Daniels, chairman. The articles were taken up one by one, freely discussed, and amendments made, but no definite action was taken.

At the next meeting, held May 5, the consideration of the by-laws was again taken up, and after all amendments had been made they were finally adopted.

The association will meet again the first Monday in June, after which regular meetings will be suspended until October. It is now the duty of all graduate nurses not connected with other societies of nurses to affiliate themselves with this organization, in order that they may come in touch with the many vital questions affecting the profession of nursing at the present time. Applications may be sent to the president, Miss McKechnie, 5 Livingston Place, New York City.

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BELLEVUE, N. Y.—The last meeting of the season was held at Sanford Hall, Flushing, L. I., at the invitation of Mrs. Brown.

At the end of a short business meeting a particularly delightful social function was enjoyed by the thirty-five or forty nurses present. Mrs. Brown was assisted in dispensing hospitality and in giving a gracious welcome to all by Misses Cleary and Harrington, both of the Class of 1893, and by Mrs. Brown's two nieces, the Misses Remsen.

The hall was transformed into a veritable fairyland by the liberal decorations of spring flowers. After a delicious and dainty menu the party strayed through the gardens and lawns, which surely must be at their best season, so lovely were they.

Shortly after five, with many regrets at the transitoriness of pleasant things, the party broke up, one and all emphatic in their expressions of appreciation of the kind thought of their hostess, who had planned so happy an innovation for "old time's sake."

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NEW YORK.—The annual meeting of the Alumnae Association of New York Hospital Training-School was held on April 9, 1902, when the following officers and directors were elected: President, Miss A. Twitchell, superintendent Smith Infirmary, Staten Island; first vice-president, Miss K. Sanborn, superintendent St. Vincent's Hospital, New York City; second vice-president, Miss A. Good-



rich, superintendent St. Luke's Hospital, New York City; secretary, Miss E. Denike, 54 East Forty-ninth Street, New York City; treasurer, Miss M. J. Allen, 49 West Forty-fourth Street, New York City. Directors—Miss Irene Sutcliffe, superintendent New York Hospital; Miss Anderson, assistant superintendent Sloane Maternity; Miss Aroline Clarke, 54 East Forty-ninth Street; Miss Marion Wilson, 54 East Forty-ninth Street; Miss A. B. Duneau, 116 East Eighteenth Street.

During the past year there have been eighteen new members elected, exclusive of thirteen who joined at our annual meeting, making a total of two hundred and eighty-five members, one hundred and thirty-two of these being club members, forty-nine of whom are resident and eighty-three non-resident.

The alumnæ has reason for great thankfulness in the growth in the past year, growth not only in the way of larger membership, but a decided broadening of interest. In a small way they have contributed to the work in the Nurses' Settlement on Seventy-eighth Street by supplying funds for teachers in singing and dancing among the East Side poor.

A short course in parliamentary procedure by Miss Adele B. Fields was given in the lecture-room of the Training-School. Many outsiders, as well as our own nurses, availed themselves of this opportunity for further study of that subject so useful in conducting meetings.

It is our sad duty to report the death of Mrs. Brewster Booth, who died September 16, 1901.

The only drawback at our annual meeting was the enforced absence through illness of our beloved superintendent, Miss Irene Sutcliffe, to whom, on motion regularly seconded and unanimously carried, were sent greetings on this our anniversary.

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BROOKLYN.—The annual meeting of the Long Island College Hospital was held April 1, 1902, at the hospital. A large number were present. After the reports were read and the business meeting over refreshments were served, followed by a delightfully social hour. At the close of the meeting a vote of thanks was tendered Mrs. Twing and the retiring officers for their work during the past year.

Officers for the year 1902: President, Miss Anna Davids, Richmond Hill, Long Island, N. Y.; first vice-president, Mrs. F. W. Russell, 661 Ocean Avenue, Flatbush; second vice-president, Miss S. M. Nelson, 127 West Twenty-first Street, Manhattan; recording secretary, Miss A. Jensen, 7 Hanson Place; corresponding secretary, Miss C. Hall, 163 Congress Street; treasurer, Miss H. E. Burdick, L. I. C. Hospital; secretary and treasurer of sick-fund, Miss E. G. Brown, 634 East Twenty-third Street, Flatbush; Executive Committee—Miss E. G. Brown, Miss S. Burges, Miss M. L. Fraser, Miss S. M. Nelson, Miss J. E. O. Daly.

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PITTSFIELD, MASS.—The quarterly meeting of the Graduate Nurses' Association was held April 2 at the hospital, eleven members being present.

It was decided that the association furnish an obstetrical room in the new hospital which has just been completed. Mrs. S. N. Russell has furnished and endowed a room in the hospital for the benefit of the graduate nurses, a gift which will be highly appreciated by the nurses.

The first annual report of the visiting nurses was read. This work is done by graduate nurses without any charge to the patients. The report shows that



a total number of fifteen hundred and twenty-eight visits were made during the year. Five obstetrical cases were attended, one operative case, and several cases of acute sickness. Most of the work, however, was among that class of patients known to us all as chronic.

Money, clothing, medical supplies, and free transportation on the Pittsfield Street Railway for the nurses on duty are among the many gifts that have been received by the nurses during the year.

The Union for Home Work has invited the nurses to send a representative to their board.

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THE alumnae of St. Vincent's Training-School held its annual business meeting at the hospital on the first Friday of May. The election of officers was by ballot, the following members being chosen: President, Miss Julia M. Donohue; vice-president, Miss Caroline Marques; second vice-president, Miss B. Murphy; treasurer, Miss Anna Moore; corresponding secretary, Miss Alice G. Ryan; financial secretary, Miss Nellie Evers. The hospital will hold a fair on the grounds, Eleventh Street and Seventh Avenue, New York City, on June 2, 3, and 4, afternoon and evening. The alumnae are to have a special booth. All are cordially invited.

[A number of reports have been received too late for this issue.—Ed.]

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#### THE AMERICAN FEDERATION OF NURSES

REPORT read by Miss M. A. Nutting, president of the American Federation of Nurses, at the National Council of Women in Washington, February, 1902:

"The American Federation of Nurses is a very young organization, representing perhaps the very oldest of all the professions, for history does not carry us back to a time so remote or so primitive that we cannot trace the beginnings out of which what we call the profession of nursing has been evolved. That evolution has been, it is true, slow, so slow that it appeared in its present form within the last quarter of a century, and that portion of it which entitles us to present ourselves here to-day does not cover even one decade.

"Our Federation of Nurses is composed of two societies—the American Society of Superintendents of Training-Schools and the Trained Nurses' Associated Alumnae of the United States. The first of these societies is the oldest. It was organized in Chicago in the year of the World's Fair, 1893. The Medical Congress held then included a subsection on nursing, which brought together superintendents of nursing schools and hospitals representing both America and England. At the suggestion of the chairman of the Nursing Congress, Miss Isabel Hampton, then superintendent of the Johns Hopkins Hospital Training-School and the most notable woman whom the nursing profession in America has produced, the Society of Superintendents was formed. Intended to unite the heads of training-schools and all nurses in executive and teaching work in a common effort to improve the nursing profession, this society has grown and fulfilled to a marked degree the objects for which it was formed.

"Its definite aims have been to improve the training-schools by establishing universal requirements for admission, a more thorough and extensive curriculum, and a longer period of training, shorter hours of duty, and better quarters and conditions for pupils generally, and to enlarge and emphasize the woman's share in making hospitals what they should be. Much has been accomplished



in all of these directions, and it has been the privilege of this society to give the first impetus in the following special directions,—the organizing of a national association of graduate nurses, the establishment of a nursing periodical, the providing and maintaining a course in hospital economics at Teachers College, Columbia University, to train women for teachers of nursing. Originally numbering thirteen members, the society has now grown to about one hundred and thirty. The other branch of our federation is the Trained Nurses' Associated Alumnæ, which came into existence in 1896. As before stated, this was the direct work of the Superintendents' Society, which wished to develop in their graduates a sense of the grave responsibilities of their profession and the necessity of organization in order to meet some of its pressing problems. This association has a membership of about three thousand three hundred women and consists of local groups of alumnæ societies affiliated together. These local groups were originally formed and are still growing on very much the same basis—that of fellowship, the advancement of professional interests, the establishment of clubs, homes, and registries, and the special object of providing aid in illness or time of trouble. From these aims have grown the wider ones of education and a desire to give of their ability to society in general.

“At the International Congress held in London in 1899 the idea of an International Council of Nurses was suggested by Mrs. Fenwick in the Matrons' Council of Great Britain and was encouraged by Mrs. May Wright Sewall, who met English nurses in these gatherings and who, at a meeting of a nursing section at which she presided, spoke informally to American nurses present on the subject of joining the National Council of Women of America, and through this being enabled to form international relationships. The following year in correspondence with Mrs. Sewall on this subject the development of organization among nurses was described to her, and her advice was that our existing organizations be federated, allowing us to enter the National Council of Women as a National Council of Nurses. This was readily accomplished by the voice of the two societies, and last year our federation was completed and we were admitted into membership with your organization, and are now presenting ourselves for the first time to take our part in your triennial.

“Our extreme youth gives us little to report of work, which so far has been almost entirely confined to building up our structure of organization. We have for a year and a half published a magazine which we own as well as edit, called *THE AMERICAN JOURNAL OF NURSING*. It stands high as a purely professional journal and represents the best things in nursing. We believe it will be a strong and valuable influence in the development of our work. The course of instruction at Teachers College for those desiring to fit themselves for administrative and teaching positions in hospitals is one of the best things we have undertaken, but it is growing but slowly owing to our inability to aid in providing endowments to carry it on. All of our efforts towards the improvement of educational standards for nurses are hampered by the lack of any general realization of the fact that nursing education, like any other kind of education that is worth having, is costly and cannot be properly carried on without teachers, books, and appliances, as well as hospital wards. This is one of our urgent problems. Of other work we are able to report a part in the movement which resulted in placing a trained nurse in charge of our army nursing corps.

“Individual groups and societies have been influential in encouraging district nursing among the poor and hourly nursing for people of moderate means,



also in aiding the various organized charities, and in sanitary and school work in restricting contagion, and preventive work generally.

"As a federation we are endeavoring to encourage in every way an international movement among nurses.

"Our first International Congress was held last summer at Buffalo, and was attended by delegates from England and her colonies, including Australia. There was a daily attendance of about five hundred nurses. Many valuable and interesting papers were read and the enthusiasm of those present and the whole character of the proceedings made the meeting an event of moment in the history of nursing. In view of the importance of our work to the public welfare, the methods by which our workers are trained, our aims, purposes, ideals, and needs are also matters of importance and justify us in claiming the interest and support, so far as is practicable, of this great body with whom we are now united."

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#### MARRIAGES

ON April 9, at the Park Street Congregational Church, Boston, Miss Annie B. Best, graduate of the Massachusetts General Hospital Training-School, to Mr. John A. Jenkins. Mr. and Mrs. Jenkins will reside in Collinsville, Conn.

ON April 30, in Rochester, N. Y., Miss Olive Haywood to Dr. John W. Fitzgerald. Dr. and Mrs. Fitzgerald will reside in Sanford, N. Y.

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#### OBITUARY

AT the annual meeting of the Alumnae Association of the Pittsburg Training-School for Nurses, held on April 11, 1902, in the chapel of the Homœopathic Hospital, the following resolutions were adopted:

"WHEREAS, It has pleased Providence to take from our midst Margaret P. Wright Morgan, former superintendent of the Pittsburg Training-School for Nurses; therefore be it

"*Resolved*, That we have lost a friend and faithful teacher, whose every effort while with us was the ennobling of the profession which she so capably represented, and that we owe to her the high standard which the school has attained. Her dignity and personal charm won for the school many friends and patrons. Her ability as an executive officer and disciplinarian made her instructions invaluable; and be it further

"*Resolved*, That a copy of these resolutions be extended with our deepest sympathy to her bereaved husband, James B. Morgan, Jr., and to her father, Joseph Wright, and that a copy be sent to the *Hospital News*, to the *Trained Nurse and Hospital Review*, to THE AMERICAN JOURNAL OF NURSING, and a record of the same be made on the minutes of the association.

"N. M. BEBOUT,

"M. E. CLINE,

"M. H. HALLOCK,

"Committee."

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It is with much regret that we announce the death of Miss Jennie Weston, of Brooklyn, Pa. She died of heart disease on March 29, 1902, at the Methodist Episcopal Hospital, Brooklyn, N. Y.

Miss Weston graduated from the Training-School for Nurses of the Methodist Episcopal Hospital in 1898.



"WHEREAS, It has pleased our Heavenly Father to take her unto Himself; therefore be it

"*Resolved*, That we, the members of the Alumnae Association of the Methodist Episcopal Hospital Training-School, tender our sympathy to her bereaved family; and furthermore be it

"*Resolved*, That a copy of these resolutions be sent to her mother and published in THE AMERICAN JOURNAL OF NURSING.

"J. ADELAIDE PRENTIS,

"AVA DOUGLAS CALKINS,

"EVA HALL."

WHEREAS, through Omniscient Wisdom, we, the Nurses' Alumnae of the Allegheny General Hospital, mourn once again the loss of a sister nurse, Miss Martha Thompson; be it therefore

*Resolved*, That to the immediate friends and relatives we extend our sincerest sympathy and love. The days of our lives bring ever with them the snowy-winged Dove of Peace or the Raven of Despair—how oft the latter, which even over our sunniest hours throws its sombre shadow, bidding us look away to the strand where there is no sorrow, and the Dove alone is the fair symbol of all that enters there; and again be it

*Resolved*, That we commit to our records our expressions of love for our sister nurse, and our appreciation of her beautiful character.

When we, too, shall stand at the threshold of the Great Unknown, ready to lift the latch and pass on, may it be with the knowledge of a life devoted to those things which shall go with us beyond the tomb.

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# FOREIGN DEPARTMENT

IN CHARGE OF  
LAVINIA L. DOCK



## ORGANIZATION NOTES

THE new English Society for the State Registration of Nurses announced a meeting at the end of May, at which Miss Louisa Stevenson was to preside. The society has already over four hundred members, and is preparing leaflets to distribute publicly dealing with the subject of registration in a way to educate and inform the public. The question of very small and special hospitals is a difficulty in English nursing as well as here, and Miss Todd, of Bournemouth, recommends coöperative training or affiliation with some large school—exactly the way out which we feel here to be the only one.

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THE ENGLISH ARMY NURSING SERVICE.—The regulations for the Queen's Imperial Military Nursing Service are now published. We will give them in full when space allows. The matron-in-chief is Miss Sidney J. Browne, who is spoken of most highly. She holds the certificate of several important hospitals.

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## THE DEATH OF A GREAT PHILANTHROPIST

PROBABLY few American nurses know the name of William Rathbone, one of the noble humanitarians of England, who had so much to do with the earliest nursing reforms.

We quote from *Nursing Notes* the following sketch of this good man, lately deceased. We have given a slightly different arrangement to the context:

“Full of years and surrounded by the reverence and affection of all who knew him, the veteran pioneer of nursing, William Rathbone, of Liverpool, has passed to his rest.

“The friend and, as he loved to call himself, the pupil of Miss Nightingale, William Rathbone was associated with her in the schemes that made the latter half of the nineteenth century memorable for the nursing world.

“We wonder if the nurse of to-day—able with so little effort to get a good training, and, when that training is finished, able easily to choose to which of the many well-paid and useful branches of nursing she shall devote herself—knows that it was William Rathbone who introduced the first trained nurse into a workhouse infirmary, started the first district nurse to attend the sick poor in their own homes, and carried into the provinces that excellent system of nurse training started by Miss Nightingale at St. Thomas's Hospital, that famous school to which the nursing world owes so much.

“For nearly half a century William Rathbone has placed his enthusiasm, his wealth, and his marvellous power of hard work at the service of the sick poor, and he has lived to see in many instances a full harvest from his own sowing. Workhouse nursing is still, to modern ideas, in a most chaotic state, but



one has only to glance back at the condition in which Agnes Jones found the Liverpool Workhouse when placed there by William Rathbone to realize that much progress has been made.

"But there is one branch that we think he loved the most, district nursing, which he founded, and which now in the length and breadth of the land is not only considered a philanthropic luxury but a politico-economical necessity.

"In a few words justice cannot be done to Mr. Rathbone's enthusiasm for the good and comfort of his less fortunate and poorer fellow-creatures; it is only possible briefly to refer to the work which was so near his heart, and which he carried out so wisely and so well. In 1859, after a trying time of illness in his own family, he realized in the large-hearted way so peculiarly his own what a difference skilled nursing had made in a home in which an invalid could be surrounded by every luxury, and how much greater this difference would be in the homes of the poor. To realize, with Mr. Rathbone, was to do, and he immediately instituted and bore the expense of a district nurse to help in relieving the distress caused by sickness in the miserable houses of the Liverpool poor. From this beginning has sprung that immense organization of District Nursing in the large provincial towns and in London, which culminated in 1887 in the Queen Victoria Jubilee Institute.

"William Rathbone came of Quaker stock, and the influence of that spiritual, simple, but at the same time eminently practical school of thought was to be clearly traced in the actions of his life.

"It is a matter for much thankfulness that the Providence in whom he so firmly trusted permitted him to work to the last. Within a few weeks of his death he dictated able letters of advice on the beloved subject of district nursing to his colleagues, who might indeed say:

"'O how comely is the wisdom of old men and understanding and counsel to men of honor! Much experience is the crown of old men and the fear of God is their glory.'"

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## THE HISTORY OF REGISTRATION IN SOUTH AFRICA\*

COMPILED BY MARGARET BREAY

Formerly Matron of the English Hospital, Zanzibar

AFRICA is known as the "Dark Continent," but darkness is giving place to dawn, and dawn with tropical rapidity to broad daylight. A powerful factor in this development is the trained nurse, who, following the flag, has found her way to the heart of the continent. In Uganza on the shores of the Victoria Nyanza there is now a hospital having a three-years' certificated nurse as matron, and on the island of Likoma, in Lake Nyassa, there is a well-appointed hospital nursed by certificated British nurses. The same may be said of Zomba, the headquarters of the administration in British Central Africa.

On the northern seaboard English nurses are doing excellent work in hospitals at Port Said, Alexandria, and Algiers, while further inland at Cairo there is a large hospital, with an English matron and nursing staff in which native nurses are trained.

On the West Coast many lives have been saved by the good offices of members of our profession in the hospitals at Sierra Leone and Lagos, and on the

\* Extracts from reports sent to the International Council of Nurses, Buffalo, 1901.



East Coast there is at Mombasa a government hospital which is nursed by religious sisters. At Tanga is another under the care of German deaconesses, while the island of Zanzibar, the metropolis of the East Coast, has English, French, and native hospitals.

The former is interesting, inasmuch as in it some progress has been made in giving systematic instruction to native men and women in nursing. The hospital is maintained by the Universities' Mission to Central Africa, and the value of the work is great, as the African thus receives instruction in habits of order, method, and discipline, and in an appreciation of the value of time, which are foreign to him naturally.

So far the men have, on the whole, made better nurses than the women, partly because the African women marry so early that few of them stay in the hospital long enough to pass through a full training, and partly because in Zanzibar, as in other Eastern countries, the men are in advance of the women in educational development, partly again because the male wards are more used, and, consequently, afford a better training-ground than those for females, and it would outrage national feeling to place an unmarried woman in charge of male wards. Nevertheless, some of the girls have proved themselves apt and trustworthy pupils, and, given equal advantages with the men, would no doubt become equally proficient. They have many of the gifts essential in a good nurse, being gentle, kind, and sympathetic, dexterous with their hands, and quiet in their movements. They are also, as a rule, devoted to children. On the other hand, they do not like performing those parts of the work which they consider menial, and they have not much sense of responsibility, neither have they much stamina.

So far as practical work goes, both native men and women in Zanzibar have learned enough to make them very useful. They can polish instruments and prepare for an operation in a way which would be creditable in an up-to-date London hospital. Their theoretical work has so far lagged behind the practical, and there are at present no nursing text-books in the Swahili language.

The influence of the training given in this hospital is far-reaching, because many of those who receive it ultimately return to their own tribes up country, and thus carry their nursing knowledge to villages where no European is stationed.

We must, however, turn to South Africa to find nursing organization in an advanced condition.

Nurses in South Africa were the first and were for a long time the only ones to have legal status and registration, a privilege obtained for them largely by the efforts of Sister Henrietta, of Kimberley. This registration is carried out by the State Medical Council. Its history is as follows:

In 1891, when the new Medical Bill was brought before the Cape Parliament, the trained nurses of the country almost unanimously—a little band of some sixty-six women then, now quite an army—petitioned for a place on the register and State control. With much care and forethought an admirable act was drawn up and passed, providing for the registration of foreign trained nurses, and the State examination and then registration of the colonial trained nurses. The bill was in two parts—the first referring to midwives, and the second to trained nurses.

After ten-years' trial, on the whole, it has worked well. Nursing is a recognized profession, and trained nurses *legally* stand in the same position as doctors



and lawyers, the certificate granted by the Council being practically a license to practise.

Miss M. H. Watkins, in her paper read in the Nursing Section at the International Congress of Women held in London, gave the following information as to the working of the act:

"After the act was passed a year of grace was given, during which all nurses holding hospital certificates could register.

"When this year of grace was over, the Medical Council formed a syllabus of subjects in which nurses must be trained, which is much the same as in the best hospitals in England. They also suggested books to be studied by nurses. They have also appointed the following centres at which examinations shall be held: Cape Town, Kimberley, Port Elizabeth, Grahamstown, and King William's Town.

"The house surgeons generally, and, in Kimberley, some of the visiting surgeons, give courses of lectures on antiseptics, anatomy, physiology, etc. Examinations are held half-yearly, in June and December. The council will not now examine any who have not had three-years' hospital training in a hospital of not less than forty beds.

"The written questions are uniform for each centre, and are entrusted to two medical men, who sit as local commissioners during the time in which the answers are being written, and by whom they are returned to the Medical Council. These same two doctors conduct the viva-voce examination, which is generally held on the day following the written. The marks for the viva-voce are given by these doctors and reported to the Medical Council, who *themselves* examine the written papers, and, in some two or three weeks' time, send certificates to nurses who have passed their examinations successfully. The Medical Council publishes yearly a 'Register of Certificated Nurses,' which can be had for half-a-crown.

"Hitherto registration has had a markedly good effect in the Colony—1st, by raising the standard of education for nurses; 2d, in raising the status of nurses; 3d, in awakening ambition in nurses; and, 4th, in affording, by their published Register, an opportunity to the public of knowing that the nurse they engage is duly qualified, an opportunity of which, I am glad to say, many avail themselves.

"Of course, education and registration do not always insure a nurse being an acceptable one. There are, and always will be, nurses *and* nurses; but I think registration has done as much as we might have expected in the time."

A leading superintendent of nursing in South Africa writes in the *Nursing Record*:

"The main advantage of the Register to nurses is that in any case of difficulty they can appeal to the council—such as testimonials withheld, wrongful dismissal, or unjust accusations. The council goes thoroughly into the matter, and in the few cases which have been brought before it, it has shown itself much inclined to take the part of the nurse. Nurses can register as midwives do, either by producing approved certificates of some foreign country and proof of three-years' training and successful examinations, or, in the case of colonial nurses, proof of training and character, and passing the council's examination for nurses.

#### "REPRESENTATION ON COUNCIL.

"But there is one great difficulty. There is on the council a representative dentist and chemist, elected by the dentists and chemists, and approved by the Governor, to advise the council on subjects pertaining to dentistry and pharmacy respectively, and to lay before the council the claims of dentists and chemists.



There should also be a representative nurse-midwife, who should be able, not to vote in the council, but to speak on nursing and midwifery questions. There have been various cases which show the need of this. A magistrate wrote to the council saying a case had come before him in which he could only commit the midwife for trial for manslaughter, but he believed there were extenuating circumstances into which, as a layman, he could not enter. He begged the council to appoint a commission of inquiry, and if the woman were acquitted on the graver charge, to take such steps in dealing with her that another woman should not lose her life through her ignorance and carelessness. After a long time the council replied that, as she was an amateur midwife, untrained and unregistered, they had no machinery in their hands to deal with her. Again, five licensed midwives in one town addressed the council about a quack (also licensed). They said it was a fact that in this place several women had died shortly after childbirth, that they had all been attended by this midwife, that various charges were being continually made against her competency and professional conduct. They urged the council, for the sake of other licensed midwives' professional status, to grant an inquiry which would either clear the midwife in question or suspend her license for a period. After a fortnight the council answered by a facetious inquiry as to whether the midwives were prepared to write the death certificates themselves for the women who they stated died shortly after childbirth; and, after a lapse of several weeks, came another letter saying the council could not listen to any request of the kind from midwives. Yet, if a doctor reports a midwife to the council, she is at once suspended without any inquiry for three, six, or nine months. What is wanted is representation on the council. Again, on nursing questions. A clause in the act provides that the council's certificate may be given to any foreign nurse who has been trained for three years by any training-school which the council may consider competent to train, and who holds the certificate of that body. But this 'competence,' in the eyes of the council, appears to me to be absolutely capricious. Now an Edinburgh Royal Infirmary nurse is refused her license and registration, now a Leicester nurse, a Birmingham General Hospital nurse, a Ryde Infirmary nurse, while, again, nurses from obscure and petty training-schools are passed. A nurse on the council could lay the different training in different schools before the council and advise them on the subject.

"Again, nurses have petitioned Parliament, and written privately to the council, asking that three-years' training may be the standard—even royalty has addressed the council on the subject on behalf of South African nurses—but, for a year, one-year's training was all they required; then, for seven years, only two. The wishes of nurses and matrons were wholly disregarded, but a few months ago (in 1899) a doctor in the council brought the subject forward. It was passed at once, approved by the Governor, and forthwith became law. A representative nurse on the council could have done it from the first. No doubt the tendency of the council is to make *all* nurses pass the Cape examinations, whatever their previous history has been, as an M.A. of Oxford has to pass certain Cape examinations before he can enter the Civil Service, and it would cause less friction to say so fairly than to reject nurse after nurse who has held good positions in England on some trivial point or other.

"The great aim of nurses should be that no private nursing institution should be allowed to send out an unregistered nurse, and no hospital receiving a government grant should be allowed to employ any woman as matron or sister



who is unregistered. But this cannot be while registration is made so difficult and worrying to nurses, and until they are represented by a trained nurse holding a midwifery qualification on the council."

The larger hospitals, such as the Kimberley hospital and several others, prepare pupils for the Cape government examination of nurses, for which they may enter candidates who have received three-years' training in the wards of the hospital. Certificates are no longer granted by the individual schools, as the Medical Council has rescinded the authority to issue certificates formerly permitted to hospital authorities.

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## LETTERS

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HEAD-QUARTERS DEPARTMENT OF CUBA,  
OFFICE OF SUPERINTENDENT DEPARTMENT OF CHARITIES,  
April 7, 1902.

TO THE AMERICAN JOURNAL OF NURSING.

Among the most interesting features of the first National Conference of Charities and Corrections held in Havana, Cuba, the latter part of March, were the sessions devoted to hospitals and training-schools.

In the hours devoted to hospital matters some very interesting questions were brought up for discussion. But the evening given to training-schools was satisfactory beyond anything we had expected.

It has been so difficult to arouse interest in our schools except in those persons who were immediately connected with the hospitals that it was doubtful whether we should have an audience, and we were agreeably surprised to find how large a number of enthusiastic friends we had made for our nurses.

Fifty-nine pupil nurses from the two schools in Havana were present in full uniform. Two of them read papers which were very well written, their own composition.

The meeting was opened by Dr. Charles E. Finlay, oculist of Hospital Mercedes, Havana, who read a paper on the widespread benefits of training-schools, giving a short history of the organization of schools in Cuba.

He was followed by Father Jones, president of St. Augustine's College, Havana,—subject, "The Attitude of the Church towards the Schools."

A very good paper was read by Miss Hibbard, superintendent of the school in Matanzas, on "The General Culture of the Nurse."

Dr. Raimundo Menconal, professor of surgery, University of Havana, gave as his subject "The Usefulness of the Professional Nurse."

Miss O'Donnell, superintendent of the school in connection with Hospital Mercedes, Havana, read a paper on "The Difficulties Relating to Training-Schools."

Mrs. L. W. Quintard, Inspector of Hospitals and Asylums, gave a paper on the subject of "How to Best Protect the Cuban Nurses while in Discharge of Duties Outside the Hospitals."

When we remember how little was known of training-schools or nurses in Cuba two years ago it seems marvellous that such a meeting as this could be possible. The best thought of all is that these schools are placed upon such a firm foundation that their success must be assured.

Here we have State recognition, a fixed curriculum, and are really a part of the University of Havana. What we now need is to be under the Board of Education rather than the Board of Charities. This may be a dream of the future,



it may be a realization sooner than we think at present. By thus improving the standard we hope to induce pupils from the better classes to enter our schools. So many are now teaching that we hope to secure this same class for training-schools.

L. W. QUINTARD,

Special Inspector, Department of Charities.

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### ITEMS

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**THE DAILY NURSE.**—The subject of "The Daily Nurse" was discussed at the meeting of Nurses in Council, at the Trained Nurses' Club, London, Miss Amy Hughes presiding, on February 28, and though several friends who had promised to take part in the discussion were not able to be present, it was a very interesting meeting; several members who had worked as daily nurses gave an account of their experiences and the difficulties they had met with as regards fees, hours of work, night duty, etc.

An excellent paper sent by Miss Gillie, secretary of the Queen Victoria District Nursing Association, Liverpool, was read by Miss Hulme, showing how much there is to be done in the direction of daily nursing in the future, and describing the attempt made to meet the want by this association. Miss Gillie stated her conviction that there exists as much need for this branch of nursing among the middle classes as there is for the work among the sick poor, and that especially valuable is the teaching which is thus given in cases where there is more education and a greater wish to profit by the advantage of a trained nurse's ministrations than with the very poor. To families of small means, or to single men or women in rooms, the "daily nurse" must be a priceless blessing, and Miss Gillie expressed the hope that soon in connection with every district nursing home there would be the possibility of obtaining the help which only needs to be known to be appreciated. The effort made in Liverpool had met with a warm welcome and a gratifying success.

Several members spoke and various schemes set forth were discussed, and although all were agreed that the "daily nurse" was certainly needed, up to the present she had met with little success for want of organization.

One practical suggestion was that the lady superintendents of the various District Nursing Homes should have a list of the nurses in their districts who were willing to do daily work, so that the public would be able to hear of them by applying at the homes.

One member proposed a "Daily Nurses' Nursing Home," nurses to be paid a fixed salary and sent out from the institution to daily cases; while another suggested that several nurses should join together and work among the better-class flats, where it was thought that the demand for a daily nurse was great.—*Nursing Notes.*

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**THE COSMOPOLITAN HOSPITAL ASSOCIATION OF MANILA.**—Manila is to have a training-school for nurses, in which both native-born and foreign women may be received as pupils.

The Woman's Hospital established by Mrs. Whitelaw Reid, which has been mentioned in the JOURNAL, is to become the nucleus of the "Cosmopolitan Hospital Association," which will enlarge the bed capacity to one hundred and will probably have one or two detached pavilions for contagious diseases. The hos-



pital will begin by providing only for pay patients, the cost of a ward bed being twenty dollars a week. Fifty annual subscribers will support as many beds, seven hundred and fifty dollars in gold supporting a bed for one year. We hope it will add free beds for those who are unable to pay this sum. The training-school course will be two years, and both women and men will be trained. The hours of work are to be eight daily, with two days off after a month's night duty. We have not learned whether a superintendent of nurses has been selected.

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A MEETING of the members of the Dublin Nurses' Club was held on Wednesday evening, April 2, and was very well attended. The chief feature of the evening was the reading of essays by members of the club, for which two prizes were offered by the directors of the City of Dublin Nursing Institution. The first essay, "The Preparation of and Nursing a Case of Abdominal Section Throughout," was won by Miss Butler, of Sir Patrick Dun's Hospital, and the other, on "Manners," by Miss Young, of the City of Dublin Nursing Institution. Both essays were much appreciated by those present, and an interesting discussion followed.

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THE Royal British Nurses' Association has succeeded in raising the money needed to build its "settlement," or home for aged and infirm nurses. It is to provide a comfortable residence for nurses who have some small income of their own, as they will have to do "light housekeeping," as we call it, at their own expense. The settlement is to be in every way uninstitutional and private in its appointments.

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ALL nurses who met Miss Wood at the Congress will be sorry to hear that she has just gone through a severe attack of typhoid fever and will be obliged to take a long rest. We wish her a good convalescence and restored strength.

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AFTER July 1 the *Nursing Record*, edited by Mrs. Bedford Fenwick, will appear as the *British Journal of Nursing*. We await its appearance with much interest.





# CHANGES IN THE ARMY NURSE CORPS



## CHANGES IN THE ARMY NURSE CORPS RECORDED IN THE SURGEON-GENERAL'S OFFICE FOR THE MONTH ENDING MAY 6, 1902.

ARNOLD, HENRIETTA, transferred from the General Hospital, Presidio, San Francisco, to duty in the Philippines. Sailed May 1 on the Logan.

Barnes, Susan H., transferred from temporary to regular duty at the General Hospital, Presidio, San Francisco, Cal.

Beecroft, Laura Anna, formerly on duty at the First Reserve Hospital, Manila, P. I., discharged in Manila.

Bemiss, Nanette Nathan, appointed April 22 and assigned to duty at the General Hospital, Presidio, San Francisco, Cal.

Brill, Selma, transferred from the General Hospital, Presidio, San Francisco, to duty in the Philippines. Sailed May 1 on the Logan.

Burgess, Alice V., transferred from the General Hospital, Presidio, San Francisco, to duty in the Philippines. Sailed May 1 on the Logan.

Cope, Annette, reappointed April 22 and assigned to duty at the General Hospital, Presidio, San Francisco, Cal.

Colcleugh, Ada, recently on temporary duty at the General Hospital, Presidio, San Francisco, Cal., discharged.

Deeley, Julia J., formerly on duty at the General Hospital, Presidio, San Francisco, Cal., discharged.

Edwards, Elizabeth F., transferred from the General Hospital, Presidio, San Francisco, to duty in the Philippines. Sailed May 1 on the Logan.

Entwisle, Irene F., transferred from the General Hospital, Presidio, San Francisco, to duty in the Philippines. Sailed May 1 on the Logan.

Flick, Lucile E. S., assigned to duty at the First Reserve Hospital, Manila, P. I.

Gleason, Mary, transferred from temporary to regular duty at the General Hospital, Presidio, San Francisco, Cal.

Hall, Mrs. Mary B., transferred from the First Reserve Hospital, Manila, to the Military Hospital, Vigan, P. I.

Hanbury, Anna A., formerly on duty at the First Reserve Hospital, Manila, discharged in Manila.

Harroun, Mary I., transferred from the Military Hospital, Iloilo, P. I., to the First Reserve Hospital, Manila.

Hine, M. Estelle, formerly chief nurse at Convalescent Hospital, Corregidor Island, P. I., transferred to duty as nurse on the Grant en route to the United States. Arrived in San Francisco April 28. Under orders to return to the Philippines.

Jones, Helena E., formerly chief nurse at Military Hospital, Dagupan, P. I., discharged.

Keck, Willma A., transferred from the General Hospital, Presidio, San Francisco, to duty in the Philippines. Sailed May 1 on the Logan.



Kepkey, Georgia M., transferred from the First Reserve Hospital, Manila, to the Military Hospital, Calamba, P. I.

Konkle, Lena Luda, transferred from the Military Hospital, Calamba, to the First Reserve Hospital, Manila, P. I.

Lasswell, Ida H., transferred from temporary to regular duty at the General Hospital, Presidio, San Francisco, Cal.

Ledlie, Kate S. M., on duty at Hamilton Barracks, Matanzas, Cuba, under orders for transfer to the General Hospital, San Francisco, Cal.

Lippert, Ida Dora, formerly on duty at the General Hospital, Presidio, San Francisco, discharged.

Livingston, Tessie (Mrs.), transferred from temporary to regular duty at the General Hospital, Presidio, San Francisco, Cal.

Macaulay, Margaret, assigned to regular duty at the General Hospital, Presidio, San Francisco, Cal.

Macdonald, Mary D., transferred from the General Hospital, Presidio, San Francisco, to duty in the Philippines. Sailed May 1 on the Logan.

McEvoy, Anna E., transferred from the First Reserve Hospital, Manila, P. I., to duty on the Grant en route to the United States. Arrived in San Francisco April 28. Under orders to return to the Philippines.

McGary, Margaret W., transferred from the General Hospital, Presidio, San Francisco, to duty in the Philippines. Sailed May 1 on the Logan.

Mackereth, Adelaide P., formerly on duty at the Military Hospital, Iloilo, and the First Reserve Hospital, Manila, P. I.; arrived at San Francisco April 15 and reported for discharge.

McNaughton, Bessie B., on duty at Columbia Barracks, near Quemados, Cuba; under orders for transfer to the General Hospital, Presidio, San Francisco, Cal.

Mann, Emilyn P., assigned to duty at the First Reserve Hospital, Manila, P. I.

Miller, Gertrude Evelyn, transferred from the General Hospital, Presidio, San Francisco, to duty in the Philippines. Sailed May 1 on the Logan.

Mills, Bessie, appointed April 22 and assigned to duty at the General Hospital, Presidio, San Francisco, Cal.

Morgan, Irene A., assigned to duty at the First Reserve Hospital, Manila, P. I.

Niehoff, Hannah M., formerly on duty at the Military Hospital, Dagupan, P. I., discharged in Manila.

Ostien, Mary F., assigned to duty at the First Reserve Hospital, Manila, P. I.

Pannill, Mattie Porter, transferred from the General Hospital, Presidio, San Francisco, to duty in the Philippines. Sailed May 1 on the Logan.

Redecker, Henrietta L., transferred from temporary to regular duty at the General Hospital, Presidio, San Francisco, Cal.

Riordan, Marie A., appointed April 22 and assigned to duty at the General Hospital, Presidio, San Francisco, Cal.

Salter, Marguerite, promoted to the position of chief nurse at the Convalescent Hospital, Corregidor Island, P. I.

Sears, Annie Maud, appointed April 22 and assigned to duty at the General Hospital, San Francisco, Cal.

Stoker, Jane M., formerly teacher of dietetics at School of Instruction, Fort McDowell, Cal., and nurse at First Reserve Hospital, Manila, P. I., discharged in Manila.



Tait, Elizabeth E., transferred from the Military Hospital, Iloilo, P. I., to duty on the Thomas en route to the United States. Arrived in San Francisco April 15, and assigned temporarily to the General Hospital, Presidio, San Francisco, Cal.

Thomas, Elizabeth D., transferred from the First Reserve Hospital, Manila, to the Convalescent Hospital, Corregidor Island, P. I.

Thompson, Dora E., appointed April 22 and assigned to duty at the General Hospital, Presidio, San Francisco, Cal.

Tipping, Mary, appointed April 22 and assigned to duty at the General Hospital, Presidio, San Francisco, Cal.

Trenholm, Eva, promoted to the position of chief nurse at the Military Hospital, Dagupan, P. I.

Warner, Mrs. Lena A., transferred from Columbia Barracks, Cuba, to duty at the General Hospital, Presidio, San Francisco, Cal.

Weathers, Eloise M., transferred from temporary to regular duty at the General Hospital, Presidio, San Francisco, Cal.

Weir, Mary Jane, transferred from the First Reserve Hospital to the Military Hospital, Iloilo, P. I.

Wiedmann, Barbara, recently on temporary duty at the General Hospital, Presidio, San Francisco, Cal., discharged.

Williamson, Anne, transferred from the General Hospital, Presidio, San Francisco, to duty in the Philippines. Sailed May 1 on the Logan.

Woods, Julia E., assigned to duty as chief nurse at the First Reserve Hospital, Manila, P. I.

Woodward, Jessie H., transferred from the General Hospital, Presidio, San Francisco, to duty in the Philippines. Sailed May 1 on the Logan.

Young, Ann B., assigned to duty at the First Reserve Hospital, Manila, P. I.





## LETTERS TO THE EDITOR



[*The Editor is not responsible for opinions expressed in this Department.*]

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May 12th, 1902.

MISS PALMER.

One Month ago I wrote an article to the A. J. for publication—shortly after I received a letter from you stating the article had been Condensed some—lack of space Necessitated it, the article has never been published—kindly return the Manuscript to me for which I enclose a stamp—the meeting in Albany a short time ago served to Convince me that the JOURNAL is Controlled by a body of Narrow minded women that dare not publish the Opinion of its subscribers.

Respectfully

J. CURR.

[Will this lady kindly send her address to the Editor, who will take pleasure in returning the manuscript.]

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FOND DU LAC, WIS., May 7.

DEAR EDITOR: Will you kindly publish in your JOURNAL answers to the following questions: What is the modern treatment of small-pox? What methods are used to prevent scarring? Is there any treatment that will hasten the disappearance of the red spots? In caring for a case of small-pox, what especial symptoms must the nurse observe?

I am a subscriber to THE AMERICAN JOURNAL OF NURSING, and am *delighted* with the many helpful things it contains.

E. V.

[Will some of our readers who have nursed small-pox cases reply to these questions?—ED.]

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DEAR EDITOR: Many people imagine because a nurse receives twenty-five dollars a week as remuneration for her services she should amass a fortune, but do not stop to consider the necessary outlay. To succeed in her profession a nurse must live well,—that is to say, within the bounds of propriety. As to the average expenditure for clothing, it is impossible to make an estimate, as tastes differ. I believe that nurses should dress *plainly*, but *well*. The buying of cheap material is not economy.

Few nurses are employed more than two-thirds of the year, and during the remaining third expenses must be met just the same, so there is considerable outlay without any income. I have found among friends in the profession that private nurses invariably have some burden to share, family or otherwise, and find plenty of use for all they can spare from their earnings. I have done private nursing in several small Western towns as well as large cities, and find the average amount after expenses are paid is about equal. For instance, in one town private nurses receive fifteen dollars a week and find suitable rooms and board for three and a half or four dollars. In large cities, where the salary is twenty-five dollars, the same expenses amount to six and a half or seven dollars. Whatever the salary and the expenditure, I consider it the duty of each nurse to lay by a certain amount of her income for future use. Have a definite object in view. It seems to me from my personal experience that an



average of five dollars a week can be easily managed. At best a nurse's active career is short, and surely during *that* active period we should look forward to and prepare for "the rainy day."

D. M. A.

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DEAR EDITOR: My New-Yorkish feelings have been somewhat wounded by your recent editorial on our conditions here, and I am moved to advocate our cause for a moment. You forget our size when you talk about us. One general club or county society is all very well in nice little towns like Boston, Philadelphia, and Rochester, but you will find they could never be a success in Chicago or New York. They would be lost. You will find that only a small proportion (comparatively) of the medical profession here belong to the County Society, and one general nursing society could simply never cover the ground. If it were formed, the nurses who would join it would be those already interested in organization and who already belong to their *alumnæ* or a club, who would join it to "help along." I do not quite see the point of the same nurses organizing *twice over* in local groups in the same place. In New York those of us who talk over these things hope some day (not so far off, either) to have an *affiliation* of all the groups in Greater New York. This would not be a new and competing society, but a definite means of union and intercourse for all our nurses' associations in New York and Brooklyn, Staten Island, and Harlem. It would leave all the individual groups as strong as they are now, whereas a large general society would tend rather to weaken them without ever being able to take the place they now hold with the nurses. We in New York want to encourage *all* nurses to enter *some* group which will be to them what the family is to the individual. We encourage all we can to enter the Metropolitan Club. We want our graduates to join their *alumnæ*s. And, for all and every nurse, both from schools here and elsewhere, who will enter, there has been formed lately a general society for Manhattan and Bronx, the aim of which is to gather in those who are now unorganized. Then later we hope to gather all these "family" groups into an affiliation, which will be, for social and professional purposes, the equivalent of the County Society, and to my mind better, for there will not be the duplication of fees and membership that now exists when a nurse joins both *alumnæ* and County Society. We may, in the future, get to the point of sending all our State Society delegates through this affiliation, but this is only a conjecture. And I will whisper to you that steps are being taken for a clubhouse or private hotel for nurses which shall be general in its character.

I will also hint to you that we are offered a tempting plan for next winter's lectures from the Berkeley Lyceum, where the League for Political Education meets. I will not tell you any more about that now, except that it will give us many club advantages, and that we are hoping to get all nurses in the town interested.

Yours sincerely,

A RESIDENT OF NEW YORK.

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DEAR EDITOR: If not too late, may I say a word about life insurance? In the December number of the magazine "A Graduated Nurse," in replying to Miss Knight's article in the October number, says, "A man had deposited fifty dollars and forty-seven cents a year for twenty years in a New York life insurance company, and at the end of the twenty years the company offered him in cash fifteen hundred and forty-eight dollars and thirty-five cents, which is a return of all money deposited with 37.8 per cent. compound interest." Now, I would like to



know how "Graduate Nurse" makes out that large per cent.? I have taken that sum (fifty dollars and forty-seven cents) and compounded it at four per cent. once a year only, and I make the amount at the end of the twenty years sixteen hundred and thirteen dollars and forty-three cents, being sixty-five dollars and eight cents more than the insurance company offered. Several of our New York savings-banks have given four per cent. and compounded it oftener than once a year. Now, if I am correct in my figures, savings-banks are better than "that life insurance company." I have not yet found a life insurance company that will do better by me than a savings-bank. I have had a policy in one good New York company paid up in ten years. When I came to settle with them they offered to pay me just what I had put in, with interest on that sum of less than two per cent. I said to them: "You promised me a good rate of interest. Is this what you call a good rate?" Their reply was: "That was a *verbal* promise. We expected to do better by you, but everything is so depressed now that we cannot afford to do so."

Another nurse whom I know holds a policy in another company (a good one). When she had paid her last premium they offered to settle by paying her less than she had put in, although she had it in writing, signed by the agent who insured her, that they would give her a better rate of interest than she could get in any savings-bank. When the paper was given her she showed it to the secretary of the company, and he said it was correct. The company said "they were not responsible for what their agents did, and that the secretary was dead." They finally settled the matter by paying her less than one per cent. on what she had paid in. And letting the policy stand for ten years, she gets yearly accrued interest—which this year amounted to two per cent. At the end of ten years she gets the full amount she was insured for.

A short time ago an agent from another company called on me. He acknowledged before we were through talking that I was right. It was *not* a good investment for a nurse to insure her life, if she was only doing it to make money.

Now, I consider there are some good points about a life insurance.

1. It makes a nurse more saving (and as a class I think we are inclined *not* to save); her premium has got to be paid, and she will save her money to do it.

2. It does seem to me that as soon as a nurse begins to earn her twenty dollars per week a "thousand and one" persons spring up who want to borrow a few dollars, and we are not strong-minded enough to say *No*. But she can say, "I have my premium to pay; am sorry I cannot help you," etc., if she has her life insured.

3. If we have near and dear ones that we are helping, and who in case of our death will be in want, then by all means have our lives insured in their favor.

In regard to business men insuring their lives: I have been told by several that it is not as an investment, as they themselves expect no return for their money, but they know if anything happens to themselves or their business that their families are provided for. One gentleman told me that if it had not been for a life insurance a family he knew would have had nothing to pay the doctor's or nurse's bills or to live on for a year while the estate was being settled up.

ANOTHER GRADUATED NURSE.

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DEAR EDITOR: The nurse in the ward of a great hospital seldom realizes that for the time being she stands in the same relation to an incoming patient as the mistress in a home does to the arriving visitor, with this difference,—the visitor comes with anticipation of a pleasant time, but the patient too often



enters that unknown home, the hospital, with fear and anxiety thrilling her heart. Then how much it means if the nurse comes to her with a cordial greeting, or in some cases with warm, outstretched hand and words of sympathy.

The true relation of patient and nurse is of so intimate a character that a right start often saves friction in later intercourse.

I never shall forget the pleasant, kindly words with which I was greeted by the superintendent of the hospital which I was entering as a maternity patient. It was a hot summer night, and I was entering "on my feet." Her gracious greeting, her assurance of comfort and coolness in the maternity end of the building, cheered my sinking heart and sent me to the ministering hands of a friendly nurse with renewed courage for the ordeal before me. I always look back on the weeks spent in the maternity ward as one of the unique and happy times of my life. Of course, there were some disagreeable things to put up with, but I hardly think I should have been exempt from all discomfort even in an expensive private room or my own home. In the ward was this advantage, we were like one family, and the interest in and the little helps given to one another did much to dispel the conventional gloom of the sick-chamber and to discourage the natural selfishness of sickness.

The cheery, industrious nurses had my heartfelt sympathy, for if there is one class of students more than another who gain their profession by the sweat of the brow, it is the nurses in a great hospital. All honor to them. I know little of the kind of homes from which they come, but it seemed to me, especially after I had been in a hospital a second time, that some of them, at least, would be better equipped for their work if they could acquire more of the little elegances of manner that help to make both social and domestic life run smoothly.

In going out to homes where for the time being she is to have—or ought to have—unlimited authority in the sick-room to carry out the physician's orders, a nurse would find that this graciousness of word and manner would gain her ends where the aggressive and dictatorial manner so often fails, the former bringing comfort and strength to the patient and delight to the household, while the latter stirs up strife and discord both upstairs and down.

I once had an amusing experience the lesson of which he who runs may read. I lived near a beautiful hospital that was the joy and fad—very rightly so—of certain wealthy people. My friends, one and all, knowing I had planned to go to a hospital for my "lying in," advised this beautiful retreat; so one bright afternoon, supposing, of course, in my ignorance, that I was an interesting object, at least to hospital authorities, and would be treated with the kindness and consideration I had been receiving for months from my family, friends, salespeople, and even conductors on the cars, I entered this fine building with beaming face. But, alas, I was left to stand before a desk while questioned as to my business. Whether I came seeking a twenty-five-dollar room or a ward bed was a point not reached when I exclaimed, "Please, please give me a chair," and when I had recovered breath faltered out that I thought I would make other arrangements, and took myself off home, leaving the aggressive woman behind the desk to conduct the hospital on so-called business lines; but I think if she were employed in a bank or any other large business office and should receive a customer with so little courtesy she would probably hear from the head of the firm in no uncertain tone. Some time after, in my best bib and tucker, I had the privilege of being taken through the same hospital by one of the lady managers. It is beautiful, the private rooms almost too luxurious, the wards



finished in the latest sanitary style. But I could not get away from the spirit that emanated from the office, for the office gives the keynote to the whole hospital, and without the spirit of love the most beautiful surroundings give but slight comfort to the tenant of the narrow white bed.

When I went to my own hospital, which is anything but luxurious, I was offered a rocking-chair before proceeding to business.

A WARD PATIENT.

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DEAR EDITOR: Can I obtain two copies of the magazine for November, 1900?

MRS. M. S. LOVE,

67 Westland Avenue, Suite 3, Boston, Mass.

[Anyone having these numbers please communicate directly with Mrs. Love.—ED.]

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[LETTERS to the Editor must be accompanied by the name in full and address of the writer, otherwise such communications cannot be recognized. The name need not appear in the JOURNAL unless so desired.—ED.]





## EDITOR'S MISCELLANY



A WOMAN interne is to be appointed in the municipal hospital service of New York for the first time. She is Dr. Emily Dunning, a graduate of Cornell University Medical School, and is in every way an admirable choice for this rather trying position—trying because, as the first woman to fill such a post, she will be much watched and criticised. Dr. Dunning's service will begin in Gouverneur Hospital, where she will have the ambulance service. Unfriendly critics prophesy that a woman cannot cope with the "drunks" and "toughs" of an ambulance service, but we from our experience as nurses believe that a woman will have less trouble in dealing with these cases than most men have.

Even a friendly critic, a most liberal-minded man, confesses that he dislikes the thought of a woman on the ambulance. We, again, as nurses, would like to say that we have seen ill women patients packed into the ambulance with one or two half-drunken men, which we consider a much more revolting sight than a medical woman seated on the ambulance, and we believe that with her there this promiscuous packing will cease.

As for muscular strength, it is not needed. The ambulance surgeon never assists in lifting the patient or carrying the stretcher, at any rate; the friends or the hospital porters always have to do this, so that we can see no reason why a woman should not be equal to the duties of this post.

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THE Civic Sanitation Association of Orange, N. J., has appointed a woman sanitary inspector. Territorially the inspection will centre in Orange, but embrace the adjacent districts of the Oranges. The work of the inspector will be, first, systematic investigation of sanitary conditions in the districts concerned, including attention to individual complaints and insistence upon effectual action by the local boards of health when injurious conditions are found to exist. Second, securing the coöperation of tenants in maintaining public health by exercising their rights as citizens to demand a proper system of public sanitation by the individual care of their own premises.

The position of the inspector is unofficial and the salary is assured by private subscription. Her office will be in some central building of Orange.

The Civic Sanitation Association is an active organization of prominent residents of the Oranges.

Miss Helen Thompson, agent of the New York Charity Organization Society, and a resident of the Friendly Aid Settlement, a graduate of Vassar of the Class of 1899, has been chosen to fill this position.

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THE annual meeting of the District Nurses' Association of Middletown, Conn., was held on Tuesday, May 6. Reports were read by the secretary, treasurer, and the chairmen of the several committees.

The report of the chairman of the Nurse Committee, Mrs. E. N. Hubbard, showed how the work has grown during the past year. For the last four months, since the engagement of an assistant nurse, it has been possible to care for many more cases.



Miss Rowe spoke of the erroneous idea held by some persons that the success of district nursing would retard the establishment of a hospital. She demonstrated that, on the contrary, this work was preparing the way by making all classes realize the value of skilled nursing; also the crying need of having a place here to which severe cases could be taken, thus avoiding the necessity of the painful journey to Hartford or New Haven, so difficult sometimes for both patient and nurse.

Fourteen times during the past year, as the report shows, has this necessity occurred. The primary object of district nursing is to help those who would otherwise be entirely without relief in sickness and suffering, those who have none of the comforts and appliances which make illness endurable to the more prosperous, those who live in their pain often alone through the long days, surrounded by discomfort and neglect.

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MISS VIDA GOLDSTEIN, of Australia, who has been commissioned by the government of Victoria to study American methods of dealing with dependent and delinquent children lately spent a day in the Juvenile Court of Philadelphia and another in that of Chicago. She says that while the benevolent purpose of the judge is evident, it seems to her a great mistake to bring all the children into court together, and to let the younger ones be present while the cases of boys and girls in their teens are being tried. In her opinion, the best system yet devised for dealing with young culprits is the Children's Council of South Australia. The council consists of six men and six women. It has jurisdiction over all offences of young people under eighteen, except murder or manslaughter. It meets not in a court-room but in its own office in a building devoted exclusively to children's affairs. The children are brought in one by one, and after the council has considered each case and decided what is best to be done about it, the judge makes the order in accordance with the council's advice. In South Australia women have full suffrage. Miss Goldstein says that in those parts of Australia where women do not vote the methods of dealing with child culprits are much less advanced.—*Woman's Journal*.

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MUNICIPAL HOUSEKEEPING.—The Women's Sanitary Leagues and Civic Clubs established in many of our cities have organized departments on the disposal of garbage, market places, street sweeping, alleys, back yards, etc., the suppression of expectoration in public places, the water supply, children's playgrounds and open spaces—all housekeeping work pure and simple, and the natural and proper extension of the woman's work in the home.

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MRS. MARY HENDERSON MITCHELL, Class of 1888, and Miss Emelie Lutz, Class of 1892, of the Illinois Training-School, represent a two-thirds interest in the Clover Club, a lunch and rest room for working-women at 261 Dearborn Street. Opened early in December, it has been a success from the beginning. Miss Elizabeth Tenny, Class of 1897, is cashier.

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MISS L. L. DOCK has been appointed member of the Local School Board of one of the districts of New York City.

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MISS CHARLOTTE E. HALL, of 205 Commonwealth Avenue, Boston, has a full set of *THE AMERICAN JOURNAL OF NURSING* which she is willing to sell.



# EDITORIAL COMMENT



## THE CONVENTION IN CHICAGO.

WE had anticipated a very interesting meeting in Chicago, but we were not prepared for the hospitality provided by the Chicago nurses for the entertainment of the delegates and guests.

We have found in conversing with a number of the younger delegates who were attending the convention for the first time that this feature of hospitality impressed them quite as forcibly as it did the more experienced members.

Under the very able direction of Miss Fulmer, the chairman, the "Committee on Arrangements" did their work most thoroughly and well, and the same can be said of the ushers, who handled the large audiences with great skill.

The nurse who went alone, a total stranger to officers and members, met with a cordial greeting at the hands of some one Chicago nurse, who looked after her wants and guided her about this great city of magnificent distances in a way that to more than one dispelled all feeling of loneliness. To those women who were present at the first "International Congress of Nurses," held in Chicago in June, 1893, this convention had special interest and significance. That first body of women came together as strangers, not only personally unknown to each other, but unfamiliar with the work each was striving to accomplish in her own small way; but there were among them women of notable ability (some of whom have since passed over to the "silent majority"), who were enabled to evolve plans which have since borne fruit in many directions, the system of organizations, of which the "Associated Alumnae" is greatest, being the direct result of their deliberations. This fifth convention of the Associated Alumnae just closed was made up almost entirely of women of the younger generation, there being not more than half a dozen of the "old war-horses" present; but this group of women came together as friends, all having the same object, and all showing in a greater or less degree a knowledge of that parliamentary procedure so necessary for the conduct of a large meeting.

The absence of Mrs. Hunter Robb, who has been the president of the association since the beginning, was very greatly felt, and we heard frequently the remark, "Isn't it strange to have a meeting without Miss Dock?" but so faithfully have their labors been performed that others are now able to carry on their work.

This was especially noticeable in the very skilful way in which Miss Damer, the president, conducted the meetings, showing an absolutely non-partisan spirit during the most animated discussions, and carrying the meetings through in a judicious and dignified manner.

So well did she fill the office that she was nominated for reëlection, and had she allowed her name to stand, would undoubtedly have been elected for another year.

All of the social functions, of which mention has been made in the report of the secretary, were, each in a different way, very delightfully carried out, the only unfortunate feature being that, owing to distance and the number of entertainments provided, it was impossible for any one person to attend them all. It added greatly to the economy of time and convenience of the delegates



that the meetings were held in the hall of the Lexington Hotel, where the guests were staying, thus making possible a great deal of informal visiting among delegates and guests in the adjoining reception-rooms, which was one of the most charming features of the occasion.

The grand climax was reached in the luncheon, held on Friday, the second day of the convention, in the banquet-hall of the hotel, at which three hundred and eighty delegates and visitors were present. A very novel feature of this luncheon was the presence of a number of Chicago's most distinguished physicians and surgeons, with members of the Boards of Women Managers of several of the training-schools of Chicago.

There were flowers in profusion, music, speeches, and pretty gowns, and no casual onlooker would have dreamed of the serious import of the business which had brought this group of women together. We cannot leave this subject without expressing the appreciation which we know was felt by every nurse present of the cordial welcome extended to the convention by Miss Julia Lathrop, one of Chicago's prominent women and an active worker in "Hull House." In her address, which opened the convention, and as "toast-mistress" at the luncheon, one could not fail to recognize that peculiar sympathy with the nurse's life, and appreciation of the things for which we are all striving, which is so encouraging to us as women, and so rarely found among women whose lines of life are so different from our own.

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#### ADVANCED METHODS.

DR. CABOT's description of the very radical changes in the methods of instruction which have been adopted in the Training-School of the Massachusetts General Hospital in the last three years are of especial interest to our readers who are engaged in training-school work.

The plan which is being followed there, of paying physicians to give regularly and systematically that part of the instruction which usually has been divided among the members of a large staff, is a most practical improvement over the old method, where each man, giving his services gratuitously, too often keeps his appointment or not, as suits his convenience.

Still, this method has some of the disadvantages of the old, inasmuch as the nurse is being required to receive her theoretical instruction at the same time that she is performing the difficult manual labor of the wards, her hours on actual duty, counting her classes as duty, remaining unchanged.

We are strongly of the opinion that nurses should be taught theoretical medicine before they enter the wards of a hospital, and that the time they serve in the wards should be devoted to the study of practical nursing.

Looking at this question squarely, from the stand-point of the hospital, the gain is quite as much in its favor as for the advantage of the nurse. Under the present arrangement, of taking nurses off duty to attend lectures, classes, and examinations, the patient suffers great inconvenience, not necessarily from lack of service, but because of the change of service which this system necessitates.

Patients and doctors complain, but under the present régime the nurse is entitled to the instruction which the hospital has pledged itself to give in return for her services, and she must be given a certain amount of consideration. On the other hand, when lectures and classes are given in the evening, after ten or twelve hours of hard manual labor, the injustice to the nurse is obvious, as she is then in no condition, physically, to profit by such instruction.

Miss Dolliver, we know, has been trying experiments on several lines, but



even with the improvements which she has been able to inaugurate in her own school, she is one of the "Committee of Superintendents" in Boston who is working for the establishment at Simmons College of the preliminary course for nurses, of which mention has already been made in these pages.

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THE BRITISH JOURNAL OF NURSING.

MENTION is made in another column of the reorganization, with change of name, of the *Nursing Record* of London, which is to appear July 1 under the title of the *British Journal of Nursing*. Under this name the journal will more widely represent the interests of British nurses, and, joining hands with THE AMERICAN JOURNAL OF NURSING, the two magazines will stand together for the principles for which the English-speaking nurses of the world are striving to-day, —namely, greater uniformity of standards for admission to training-schools, more thorough and advanced preliminary instruction, State registration, and a recognized professional status for nurses.

To the *Nursing Record* the profession owes much of the inspiration that has led to its present degree of development and progress, and to the *British Journal of Nursing* we may look for all advance movements to be heralded, every abuse denounced, and credit awarded where credit is due.

As a matter of convenience, our subscribers may send their subscriptions to the *British Journal of Nursing* through the publishing office of *this* journal. The amount, which includes the foreign postage, is nine shillings (two dollars and twenty-five cents), and should be sent in the form of post-office order or draft, never in cash or stamps. This will save the annoyance and trouble of obtaining a foreign money-order, and the subscription for both journals can be sent at the same time. No nurse can claim to be abreast of the times who does not read both of these journals, the British and the American.

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APPLICATION FOR MEMBERSHIP.

IN the secretary's report of the New York State Nurses' Association, printed in the May number, will be found instructions for application, both for organizations and individuals. Applications should be sent to the chairman of the Eligibility Committee, Miss Anna C. Maxwell, Presbyterian Hospital, New York City, N. Y.

The next meeting is to be held in Utica on the third Tuesday in July. Organizations that are eligible and individual nurses should come into the society while it is in the first stages of development and have a voice in all of the vital questions that will come up for consideration. The eligibility lines are broad. The graduates of general hospitals, without regard to size, and the graduates of the New York State hospitals for the insane make a representative body of nurses in whose hands the initiatory lines of organization may well be trusted.

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A WORD TO OUR CONTRIBUTORS.

ALWAYS after putting out a number of the JOURNAL we wait with bated breath for the expressions of commendation and condemnation that we know will pour in upon us within the first week after circulation. Fortunately for our happiness, the expressions of appreciation far outweigh the letters of criticism, but we are just as thankful for the latter when made in a friendly spirit. The frequent bone of contention is because of mistakes in our spelling of the names



of people and places. Now the editor is a Yankee and a pretty good guesser, but there are some kinds of writing that would puzzle a magician, and frequently the most cultivated hand is the most difficult to read. We must again ask our contributors to help us to avoid such errors as much as possible by being quite careful to make the letters of *names* very distinct, even to print the names that are uncommon, so that we may be spared the humiliation of mistakes of this kind. That a space shall be left at the top and side of each page and that only one side of the sheet shall be written upon is also very essential.

It seems necessary occasionally to remind some of our readers that this JOURNAL is not a newspaper, that gossip or personal criticism of a malicious nature are not given space in its pages, and that nothing is recognized that is not signed by the writer's name and address in full.

We have in hand at present a number of communications and a package of photographs unaccompanied by name or address.

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#### THE ACTION OF THE BUFFALO NURSES' ASSOCIATION.

So THE Buffalo Nurses' Association, not being able to dictate arbitrarily to the nurses of New York State, have decided to "take their dolls and go home." There is a pettishness in this action that we are sorry to see, but as the question of eligibility was decided by a body of women including delegates who represented a constituency of more than nine hundred nurses, it is certainly according to the principle of American liberty that the "majority" should rule. No one small group of women can expect always to lead; it will be sometimes one party, sometimes another, according to the wisdom and justice of the methods employed and the principles advanced. It is hardly to be expected that nurses in their organizations should be exempt from the kind of discord that seems to creep into all women's societies sooner or later, but perhaps such differences are the most healthy kind of a stimulant for good work. The question of what is best for the nurses of the State can well be left to the intelligence of the majority.

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#### THE JULY NUMBER.

It was the voice of the meeting that the July issue of the JOURNAL should be made a "Convention Number," giving all of its space for that purpose, publishing the papers read, with the proceedings, and the revised membership list. New organizations who have not already done so must send their membership lists to the secretary immediately, and revisions of the old list should be made at once.

The paper read by Miss Ross on preliminary training at the Johns Hopkins Hospital is so similar to the one which we had received from Miss Nutting, announced to appear in June, on the same subject, that we have thought best to substitute for it Dr. Cabot's paper on recent changes in the curriculum of the Massachusetts General Hospital, holding Miss Nutting's paper for the "Convention Issue."

Miss Richards's "council" paper, having already been given in the May number of the JOURNAL, will not be reprinted in July.

We reserve comment on the business proceedings of the convention until the report appears in our pages.

As there is to be no separate report printed this year, orders for extra numbers of the July issue should be sent to the publishing office not later than June 15.



# THE AMERICAN JOURNAL OF NURSING

VOL. II

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NO. 10

## OFFICIAL REPORTS OF SOCIETIES

IN CHARGE OF  
MARY E. THORNTON



[We must ask contributors to this department to make their reports as concise as possible, omitting all mention of regular routine business, and stating such facts as are of special interest to absent members or to the profession at large. The JOURNAL has already increased its regular reading pages from sixty-four to eighty, and it must keep within these limits for at least the remainder of the present year. In order to do this all of the departments are being condensed to make room for our constantly increasing items of interest.—Ed.]

### ANNOUNCEMENT

WE are unable to give in this issue an unusual number of letters and reports of graduating exercises, but all such material omitted will appear in the August number, which promises to be of great interest. The secretary's report of the Chicago meeting was exceedingly difficult to arrange, making this number unavoidably late, but we are sure our readers will appreciate her hard work in preparing the proceedings so speedily.

### PRELIMINARY MEETINGS OF THE NEW YORK STATE ASSOCIATION

THE request has come in that the clerks of the meetings held with the view of forming a New York State Nurses' Association be asked to publish their notes of the deliberations of these initiatory gatherings. This really should have been done before, for as historical record all the steps towards organization are of value, and in next month's issue the request will be gladly complied with.—Ed.

### THE NEW YORK STATE MEETING

THE regular meeting of the New York State Nurses' Association will be held in Utica, July 15, at ten o'clock A.M., in the hall of the New Century Club, corner of Hopper and Genesee Streets. This building is near the Butterfield House. The especial business to come before the association will be to hear the report of the Committee on Legislation, and to consider the best methods to follow in presenting a bill to the Legislature. A printed copy of the constitution and by-laws will be



mailed to the members before the date of the meeting, or may be obtained from the secretary.

ELIZABETH C. SANFORD, Secretary,  
149 Chestnut Street, Rochester, N. Y.

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#### GUILD OF ST. BARNABAS

June 16, 1902.

AT the Annual Council of the Guild of St. Barnabas a committee was appointed to report at the next council meeting some plan for united benevolent work, and the chairman has asked for suggestions. As this matter is of such great importance, I request all members of the guild to think out plans and send same to the Rev. William White Wilson, 21 Aldine Square, Chicago, Ill., chairman of the committee, or to the undersigned as soon as possible, so that we can arrange the matter, and bring it in shape before the council in November.

ANNIE H. B. HOWE, Secretary.

Address MRS. WM. READ HOWE, Orange, N. J.

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#### CHARTER MEMBERS

IN case any misunderstandings should exist as to the position held by incorporators of a society, the Incorporation Committee of the New York State Nurses' Association makes the following statement:

The New York State law for membership corporations says that a certain number of the individuals forming an association shall sign "for themselves and their associates," and fixes the minimum number at five persons. Any number over five may sign, but as each signature costs a quarter it is considered unnecessary to have more than the law fixes, as the "*associates*" are understood to have, by the law, the *same special privileges* that they would have if all their names stood on the incorporation paper.

They are called "charter members" or "founders," and the law gives them a life-vote in the association.

In the old days the expression, "charter member," arose from the fact that in forming a constitution all the persons so acting signed the constitution, or charter. Now the persons who frame and adopt a constitution are also "charter members," no matter how few of them actually sign the legal papers. Therefore, the point is to be made that all those nurses who assisted in forming the State society and who had joined and signed the membership list up to the time of securing the incorporation papers have equal privileges. The ones whose names happen actually to be on the incorporation paper have no more privileges or power in the society through this than any of the others. It would be a mistake to suppose that the fact of their names being recorded in the office of State gave them any peculiar or special control.

#### THE INCORPORATION COMMITTEE OF THE NEW YORK STATE NURSES' ASSOCIATION.

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[OUR pages of the June number were so crowded we were unable to give space to the following report.—Ed.]

The Philadelphia County Nurses' Association held its first annual meeting on Wednesday, May 14, at three p.m., in the College of Physicians, the president, Miss Walker, in the chair. The meeting was opened with prayer by the president. The president then gave the following address:



"It may seem to some of the members that our first year has been a very short one, and that the first annual meeting has come very soon. The Committee on Organization discussed this fully and were agreed that the annual election of officers and appointments of committees should be in the spring, before we scattered for the summer, so that when we met again for our winter work the programme should be in readiness. It also seemed better to have our first year short rather than long, as the officers had been elected by a small number, and it was considered fairer to all the members who have since joined to give them an opportunity to select other officers if they wished to do so.

"As I reminded you at our first meeting, this society has placed before itself ideals of the highest, but we must remember that the example of many noble women has brought about to a large extent this step which has been so wisely taken by the Philadelphia County Nurses' Association. You all know that trained nursing in America is of comparatively recent origin, and you have, I am sure, all read how 'in March, 1873, a house was hired as a home for nurses for Bellevue Hospital; how six probationers were with difficulty obtained, but no one qualified to take the position of superintendent, as Miss Nightingale had defined it, could be found; how a member of the committee prayed, and had faith enough to have a bed prepared for a superintendent; and how Sister Helen came, offered her services, and was engaged.' That was twenty-nine years ago,—a short twenty-nine years,—yet how much has been done towards perfecting the care of the sick by elevating the standard and improving the education of the nurse. Much yet remains to be done, and we realize that each of us in our turn should take our share of the work, and continue to do for our successors what our predecessors have so splendidly done for us.

"Until nine or ten years ago organization among nurses in America was practically unknown. Each training-school was a law unto itself, and very little attention was paid to the education of the pupil-nurse. She was, so to speak, flung into the wards, very much as a dog might be flung into the water, and allowed to struggle to land as best it could. Those were hard days for the pupil-nurse, and sometimes very unprofitable ones. But our superintendents, who themselves were nurses, were thinking; and in 1893 this thinking produced good results, when a meeting of nurses (International) was arranged for at the World's Fair, and the first step towards organization was taken. In a paper read at this time on the necessity of an American nurses' association the writer says: 'It would be fitting to commemorate the time by adding our mite to the history of the exhibition and become a united organization, a body of women trained to be of unquestioned benefit to mankind, and not lacking in love and sympathy for each other. . . . The difficulties to be encountered, one must truthfully admit, will be mainly of our own manufacture. What we need is energy of purpose, enthusiasm, a spirit of philanthropy more developed, and ambition to lift our profession to a height to which the eyes of the nation shall look up, and not down. Nothing is more conducive to the ruination of a project than lukewarmness and a conservatism which does not look beyond individual benefits.' And another writer says: 'We have for ourselves a most honorable calling. . . . We are just beginning to realize how much higher we may go. We have fought for firm footing; we can by united efforts lift ourselves to honorable permanency.'

"A year later (1894) the Superintendents' Association held its first meeting in New York. Forty-four members were present. Now stop a moment and think what that meant—superintendents not only from New York and its vicinity,



but from Chicago, Montreal, San Francisco, Buffalo, Ottawa, Toronto, Louisville, Baltimore, Washington, Philadelphia, Boston, and many other places. Now these superintendents were not sent as delegates, with their expenses paid. They paid their own expenses. They used their own most valuable time, when most of them so sorely needed rest and recreation. And for what? For any personal gain? No, their one idea was the advancement of those pupils who had entrusted themselves to their care: how to give them the training and education they should have; how to establish a uniform curriculum, etc. Such questions as these occupied their time and attention. In her address at the second meeting, held in Boston in 1895, the president said: 'Training-school superintendents have a mighty work before them. . . . The organization of this association meant a great deal more perhaps than some of us realized. It means much for each member; the responsibilities will not grow less as time goes on; and in extending to you a welcome, I welcome you to the consideration of very grave questions, the solution of deep problems which must take much thought and will influence each school represented here, and through these schools all training-schools in America. May the judgment of this society be sound and its decision wise; so shall we bring much good, not only to our own schools, but to those not represented at the meeting.'

"At the third meeting, held in Philadelphia in 1896, a paper was read on 'National Organization,' and at that meeting a committee was appointed with instructions to appoint an equal number of nurses, not holding hospital positions, and delegates from the oldest *alumnæ* societies. This committee the same year drafted the constitution for the National Association of Trained Nurses, the title adopted being 'The Associated *Alumnæ* of Trained Nurses of the United States.' The first annual convention of this association was held in New York two years later (1898). At this meeting a discussion was held on the benefit of local and State association, a subject of interest to us. The president in closing said: 'I feel it far more important to have local associations than State associations, because the one thing we need to work for in the beginning, before we can accomplish any amount of good work, is to establish harmony between the various schools, and until harmony is established it is very little use for us to begin to work on State associations.' And another speaker said: 'It has been suggested to me that the most evident duty of the local associations is "missionary work," and is this not true? How are we to enlighten a public as to our responsibilities and requirements, to increase our work in usefulness and honor, unless every one of us puts forth the best efforts towards reaching those graduates of her own school who are not yet members, and convincing them of their duty in this matter? So long as there is one graduate who is not with us, we are weak by so much as her mind, character, and influence are valued at.'

"Would not these two suggestions form a valuable basis for our coming year's work—'harmony,' 'missionary work'? Our society is still in its infancy, and we have done little beyond taking the initial steps of organization. If we can build on such a basis, it seems to me there can be no end to the good that will be accomplished. 'Civilization itself is simply the power of good women,' we have been told. Let us then set for ourselves the highest standard. Let us fix our eyes steadily, unwaveringly, on the goal of high ideals, working together with sympathy and good feeling, wasting no time in looking for and criticising the failings that we all possess, though all may not be necessarily alike. We each of us have our virtues too. Let us make use of them—real, hard use—and draw out from one another our best qualities for the common good.



"And what the reward? I again quote: 'To leave behind some good work, some ennobling influence, who could ask for more? Sufficient reward for our humble efforts if we gain the right to be enrolled among the world's 'forgotten benefactors.'"

After which the Executive, Arrangement, Publication, and Nominating Committees gave their reports. Then followed the election of officers for the ensuing year: For president, Miss Lucy Walker, superintendent Pennsylvania Hospital; first vice-president, Miss Elizabeth Ramsden, president University Hospital Alumnæ Association; second vice-president, Miss Anna Kirk, Presbyterian Hospital Alumnæ Association; third vice-president, Miss Anna S. Haines, president Episcopal Hospital Alumnæ Association; secretary, Mrs. H. S. Anders, Presbyterian Hospital Alumnæ Association; assistant secretary, Miss Mary Lewis, Philadelphia Hospital Alumnæ Association; treasurer, Miss S. H. Fullom, Pennsylvania Hospital Alumnæ Association; councillors—Miss C. I. Milne, directress nurses, Presbyterian Hospital; Miss M. Malloy, Philadelphia Hospital Alumnæ Association; Miss M. S. Littlefield, directress nurses, Episcopal Hospital; Miss S. Rudden, University Hospital Alumnæ Association; Miss C. E. Perkins, Pennsylvania Hospital Alumnæ Association.

An interesting newspaper clipping was read, telling of the proposed erection of a women's club-house in Philadelphia, and the chair was authorized to appoint a committee of three members to make inquiries about said club-house.

The Philadelphia County Nurses' Association has seventy-four names enrolled in this, its first year of organization.

During the year Professor Weygandt, of the University of Pennsylvania, delivered a series of twelve very interesting lectures on the "English Novel;" Miss Sartain gave an illustrated lecture on "Florence," and Dr. Schamberg gave a lecture on "Small-Pox and its Treatment."

N. M. CASEY,  
M. G. ANDERS,  
M. LEWIS,  
Publication Committee.

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#### REGULAR MEETINGS

BALTIMORE.—The commencement exercises of the Class of 1902, University of Maryland Training-School for Nurses, was held at the hospital at four P.M., May 8. The hall was handsomely decorated with college colors (maroon and black).

The graduates were Emma Clark Burch, of Maryland; Grace Lawrence Dunderdale, of New York; Nettie Flanagan, of Pennsylvania; Mary Washington Gregory, of North Carolina; Nancy Kinnisy, of West Virginia; Helen Van Derventer Wise, Virginia.

Some good, wholesome advice was given to the young graduates by the Rev. J. O. S. Huntingdon, of New York, and a reception and dance were given to the graduates and friends in the evening.

A special meeting of the alumnæ was called on Friday, May 9, for the purpose of admitting (formally) the Class of 1902, the class taking the oath of allegiance required by the constitution. The delegate to the Associated Alumnæ having just returned, the alumnæ had the pleasure of hearing from her. Miss Jones gave a most interesting account of the meetings in Chicago.

Through the courtesy of Mrs. Taylor, superintendent of the hospital, the



alumnæ holds its meetings at the hospital. The first Thursday in each month cake and tea are served and the time agreeably passed. An invitation is not only extended to the University of Maryland Alumnæ, but all Associated Alumnæ members here, and any visitor passing through the city will be most welcome.

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PHILADELPHIA.—The annual meeting of the alumnæ was held in the lecture-room of the Presbyterian Hospital on Commencement Day, May 12. There were thirty-two members present, Miss Milne, the president, in the chair.

The principal business before the meeting was the revision of the by-laws, the most important changes being the provision of a sick benefit for members who for any reason are unable to occupy the endowed room.

The names of the members of the graduating class and two other names were added to the list of membership.

The following officers were elected: President, Miss C. T. Milne; vice-president, Miss A. Stirk; secretary, Miss M. G. Ruell; treasurer, Miss M. A. Dunlop; councillors, Miss C. Davenport and Miss M. Stuart.

Since September, with the exception of January, meetings of the alumnæ have been held each month. The opening meeting in September proved of peculiar interest. We were fortunate in having with us Mrs. Bedford-Fenwick, president of the International Council of Nurses, and Miss Sophia E. Cartwright, delegate of the Registered Nurses' Society in London. Mrs. Fenwick gave a most interesting address upon "International Federation of Nurses," which we all greatly enjoyed. At this meeting also the report of our delegate to the Buffalo Congress was submitted.

In November the alumnæ held a fair, the proceeds of which—eight hundred and fifty dollars—have been devoted to the endowed private room fund. The success of this undertaking, both financially and socially, has been a source of congratulation to the association. Since the annual meeting last year five members have occupied the room.

Under the auspices of the Philadelphia County Association our nurses have attended a course of very entertaining lectures given by Mr. Weigandt on the "English Novel."

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PHILADELPHIA.—The Nurses' Alumnæ Association of the Woman's Hospital of Philadelphia met May 14 at 1227 Arch Street. Owing to the absence of the president, Miss Allen, Miss White called the meeting to order.

The censors reported two new members, and two names were proposed for membership.

The recording and corresponding secretaries were absent, the latter on a pleasure trip to California.

There were two interesting letters read from one of our older graduates who has been ill in Erie for some time. The association expressed its sympathy in other ways than by words only.

The committee for the measuring party held at the house of Mrs. J. J. Hunt, April 23, reported receipts of sixty-five dollars and thirty-five cents; expenses, ten dollars and fifty-five cents, leaving a balance of fifty-four dollars and eighty cents. The endowed bed fund has reached fifteen hundred and sixty-six dollars and ninety-nine cents.

A copy of the constitution of the Philadelphia County Association of Nurses



was read and discussed to some extent. Owing to the lateness of the hour, it was laid upon the table until the next meeting.

The meeting adjourned until June 11.

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ORANGE.—A regular meeting of the Alumnae Association of the Orange Training-School for Nurses was held May 21. The minutes of the last meeting were read and approved, and one name was proposed for membership.

An interesting account of the Annual Convention of the National Alumnae Association, held in Chicago May 1, was given by the delegate, Miss M. Anderson. Several subjects of interest to the association were then discussed, and the meeting adjourned.

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NEW JERSEY.—The second annual meeting of the Alumnae Association of the West Jersey Institute for Training Nurses connected with the West Jersey Homœopathic Hospital for Women and Children was held in the hospital on Friday afternoon, May 23. The president and vice-president being absent, Mrs. Morgan was elected chairman.

Several new members were welcomed, among whom were the graduating class.

The following officers were elected: President, Mrs. Morgan, Class of 1896; vice-president, Miss Macferren, Class of 1897; secretary, Miss Craig, Class of 1897; treasurer, Miss Raub, Class of 1900; Executive Committee—Miss Giersch, Class of 1902, Miss Parker, Class of 1901, and Mrs. Keller, Class of 1898.

The secretary read several letters from absent members.

It was decided to contribute one hundred dollars for the purpose of donating furniture and supplies for a private room in the hospital on condition that the graduate nurses, when ill, shall have the use of the room or one equally as good at a low rate. A committee was elected to communicate with the Board of Managers of the hospital in regard to the matter.

The meeting adjourned until the second Thursday in September.

The Board of Managers of the hospital entertained the alumnae at tea.

In the evening the sixth annual commencement exercises of the Training-School were held in the Broadway Methodist Episcopal Church. In the absence of the president the vice-president, O. L. Grumbrecht, M.D., presided. An excellent address was delivered by Rev. James William Marshall, D.D.

Dr. Wallace McGeorge, secretary of the Training-School, presented diplomas and conferred the degree of medical and surgical nurse upon the following graduates: Misses Anna Elizabeth Giersch and Grace Ella Valentine.

After the exercises a reception to the graduates was held in the hospital parlor.

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BROOKLYN.—The June meeting of the Brooklyn Hospital Alumnae, the last to be held until October, was unusually well attended. A very interesting paper was read by Mrs. Hewback, our delegate to the Chicago Convention. The paper gave a full report of the business and social meetings, and much was said of the royal way in which the delegates had been entertained. One new member was added to the roll.

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BROOKLYN.—The usual monthly meeting was held on Tuesday, June 3, at the Long Island College Hospital, Brooklyn, Miss Davids presiding. In the



absence of Miss A. Jensen, who is in Europe, Miss Tweeddale officiated as recording secretary.

The committee reported the sending of a letter of condolence to the family of the late Mr. Henry W. Maxwell, who was president of the Board of Regents and one of the best friends and most liberal contributors to the funds of the Long Island College Hospital, of which the following is a copy:

"The Alumnae Association of the Training-School of the Long Island College Hospital desire to place on record their high appreciation of the character and worth of Mr. Henry W. Maxwell, who for years was our friend and benefactor. He was always kind and helpful to us, and took a deep interest in our welfare.

"Mr. Maxwell did not live to himself, but exerted an influence for good which the community at large and his many friends will miss and feel more keenly as time goes on; and with the house that he has ordered to be built for our use, there will ever be that sweet memory of him whose life and worth will be an inspiration to us to live as he did, not to himself, but to do good to others.

"He has been called away from us. We thank God for his example. He has left us a majestic memory. This will be a benediction to us, and it is a priceless possession.

"To the bereaved ones we extend our affectionate sympathy, and assure them that we deeply feel the loss of our kind and gracious friend."

This letter was acknowledged by a sister of the deceased in terms of deepest interest in the hospital with which her late brother had been so long associated, and to the funds of which he was so large and generous a contributor.

At the recent annual meeting of this alumnae the officers for the current year were appointed as follows: President, Miss Davids; first vice-president, S. M. Nelson; second vice-president, Miss H. B. Young; recording secretary, Miss A. Jensen, 7 Hanson Place; corresponding secretary, Miss Clara Hall, 163 Congress Street; treasurer, Miss H. E. Burdick, Long Island College Hospital; secretary and treasurer of the sick fund, Miss E. G. Brown, 654 East Twenty-third Street, Flatbush; Executive Committee—Miss McFraser, Miss J. E. O'Daly, Miss S. M. Nelson, Miss S. Burgess, Miss E. G. Brown.

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BALTIMORE.—The annual banquet of the Maryland Homœopathic Hospital Alumnae Association was held May 13, 1902, at the Hotel Rennet, Baltimore. The Class of 1902 were guests of the alumnae. The staff physician of the hospital, directors, and the alumnae were well represented and responded heartily to toasts.

The former president and secretary, Misses Albaugh and Tresize, who have taken up work in other cities, were much missed at the festive board.

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PHILADELPHIA.—The regular meeting of the Episcopal Hospital Alumnae Association was held in the Nurses' Home on May 6. The president was in the chair and nineteen members were present. The Pin Committee not having found a suitable design, asked for an extension of time until October. It was decided to hold a reunion after the annual meeting in June. The question of giving a dinner to the graduating class was held open for future discussion.

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BANGOR.—The regular monthly meeting of the Alumnae Association of the Maine General Hospital Training-School for Nurses was held in the committee



room of the hospital June 4 at eight P.M. After the business meeting, during which two members were elected, the following programme was much enjoyed by all those present:

(1) The very interesting report of Miss Bishop, who was our delegate to the Annual Convention of the Associated Alumnae, was read by Miss Smith.

(2) A paper giving a very graphic description of a trip to the Pan-American Exposition and of the exhibits of special interest to nurses was read by Mrs. Bartlett.

(3) An informal talk on student life in the Woman's Medical College of Philadelphia was given by Miss Hatch and listened to with great interest.

The meeting adjourned to meet again the first Wednesday in September.

The officers of the association are as follows: President, Miss Sara A. Lyons; vice-president, Miss Margaret J. Graham; secretary, Miss Frances E. Eaton; assistant secretary, Miss Clara Parmenter; treasurer, Mrs. Charles H. Chase; Executive Committee—Misses Lyons, Graham, Eaton, Parmenter, Smith, Mrs. Chase; Sick Benefit Fund Committee—Misses Amelia L. Smith, Agnes E. Page, Evelyn M. Osgood.

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#### GRADUATING EXERCISES

CLEVELAND.—The second graduating exercises of the Lakeside Hospital, Cleveland, were held in the Memorial Chapel of the College for Women on May 31. Ten pupils received their diplomas.

The address of the afternoon was delivered by Dr. Richard Cabot, of the Harvard Medical School. In his address Dr. Cabot mentioned the fact that many nurses' schools are schools in name only, the pupils giving service to the hospital, thus obtaining practical experience but very little theoretical instruction.

CHICAGO.—The twentieth annual commencement of the Illinois Training-School for Nurses, Chicago, occurred on Tuesday afternoon, May 27. Exercises were held in the amphitheatre of Cook County Hospital, and consisted of pertinent addresses by Dr. Clarence Webster, Rev. Notman, and Dr. Sara Hackett Stevenson. Choice musical numbers were rendered by Misses Staab and Eddy of the Class of 1903. Following this an informal reception was held at the Nurses' Home, 304 Honoré Street.

In the evening the graduating class of thirty-six young women were the guests of honor at the eighth annual banquet of the Alumnae Association at the Auditorium Hotel. In the Venetian Banquet Hall, prettily decorated in lilac and green, assembled the company of one hundred and thirty graduates of Illinois Training-School for a happy, hearty social hour. With the speaker were seated the superintendent of the Training-School, Miss McIsaac, and her assistants, Miss Grant, Miss Breeze, Mrs. Higbee, Mrs. Barnhart, Miss E. McIsaac, and Miss Dick, Mrs. Flower, president of the board, Mrs. Sanders, matron, and Miss Katharine Martin.

Miss Helen Scott Hay, Class of 1895, as president of the Alumnae Association, was toastmistress, and responses were given by the following: Miss Dorcas Whitaker, Class of 1894, Vinukonda, India; Miss Caroline C. Phelps, Class of 1885, Tokio, Japan; Mrs. Clara Sanford Lockwood, Class of 1897, Pasadena, Cal.; Miss Marietta Meech, Class of 1892, Cienfuegos, Cuba; Miss Jean Stoker, Class of 1895, Manila, P. I.; Miss Annie Boeckmann, Class of 1902, Chicago.



Greetings were also read from Honolulu, New York, and Montana. Mrs. Flower and Mrs. Sanders responded to enthusiastic calls from the company, and the evening's entertainment closed most fittingly with a speech by Miss McIsaac.

Altogether the occasion was a most enjoyable one. The arrangements, which were carried out most perfectly, were in the hands of Mrs. Koch and Mrs. Tice, who deserve all credit for the success of the affair.

BALTIMORE.—The graduating exercises of the eleventh class to graduate from the Johns Hopkins Hospital Training-School for Nurses were held in the hall of the Physiological Building of the Johns Hopkins Medical School on Thursday afternoon, May 29, at half-past three o'clock. The hall was beautifully decorated with palms and cut flowers and was filled with the relatives and friends of the graduates and a large number of Baltimore people, who have always taken great interest in the work and progress of the school.

The graduating class and the officers of the school, with the members of the intermediate and junior classes who were awarded scholarships, were seated to the right of the platform.

The address to the graduates was given by Professor James E. Russell, dean of Teachers College, Columbia University, New York, on "Professional Service," and was listened to with a great deal of interest.

Dr. Henry M. Hurd, superintendent of the hospital, in a few well-chosen words told the graduates that they might each feel assured that they had fairly won and fully deserved the diploma of the school, which he was about to confer upon them, and in behalf of the medical profession he was glad to welcome them to a profession which is so closely allied to theirs.

In the absence of Miss Nutting, the superintendent of the school, her assistant gave in her report a brief outline of what had been accomplished throughout the country in providing preliminary training for the pupil nurse, and outlined the course as established here.

At the close of the exercises an informal reception was held in the hospital grounds, where tents had been erected from which refreshments were served.

The following pupils were awarded scholarships:

*Senior Class.*—Miss Lida Gosman, Princeton, N. J.; Miss Florence Manson, Toronto, Canada; Miss Eliza Dick, Sumter, S. C.; Miss Bessie Baker, East New Market, Md.

*Intermediate Class.*—Miss Grace Smith, Birmingham, Ala.; Miss Reba Thelin, Baltimore, Md.; Miss Margaret Shrive, Marlborough, N. Y.; Miss Ethalinda Handy.

*Junior Class.*—Miss Katherine Christhlf, Baltimore, Md.; Miss Stella Sampson, Ottumwa, Ia.; Miss Ruby Hamilton, Toronto, Canada; Miss Gertrude Muldrew, Toronto, Canada.

MISS ALLINE'S REPORT OF THE COURSE IN HOSPITAL ECONOMICS FOR MAY  
April 10.—Miss Walker gave her course of lectures. The students were greatly interested and think the lectures are most valuable.

April 17.—A trip to Staten Island. Visits made to S. R. Smith Infirmary, to Quarantine Station, to the Board of Health Laboratory, and the disinfecting boat.

April 26.—Mrs. Von Wagner, Sanitary Inspector of Yonkers, N. Y., gave a talk telling us of her work, then, with the students, made a tour of inspection through the college to illustrate some practical points in plumbing. A very interesting and helpful afternoon.



- May 1.—Miss Rushmore thoroughly explained her work on dietaries in the State Asylum and gave the dietary standard as it was and is and the proposed change.
- May . 2.—Domestic Science 1, excursion to Hecker's Rolling Mills.
- May 8 and 9.—Miss Allerton gave her course of lectures. The usual interest was shown in the close attention paid by the class. Two hours at a time was too short. The end came before they were ready for it.
- May 9.—Domestic Science 2, excursion to Soap Factory.
- May 12.—Demonstration at the Presbyterian Hospital. Thorough work in every detail gave full, sound finish to every number on the programme.
- May 17.—Demonstration at St. Luke's Hospital. Very good work. Great rapidity.
- May 19.—Examinations have begun and will continue two weeks. Graduating exercises and "demonstrations" are the order of the day.

#### DONATIONS SINCE LAST REPORT

Miss Samuel, Roosevelt Hospital, New York, ten dollars; Mrs. Dean, Mt. Sinai Hospital, New York, ten dollars; Miss Brent, Toronto, Canada, ten dollars.

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#### PERSONAL NOTES

MISS MARY STINES and Miss Katherine Roche, both graduates of St. Vincent's Hospital, cared for Archbishop Corrigan during his last illness. A Sister of Charity remained in the house at night. His Grace is said to have been a most patient sufferer, very appreciative of the care given him, and these nurses feel it to have been an especial privilege to have cared for him during his last hours.

MISS BEATRICE STUART MONTEITH has been appointed to the position of superintendent of nurses at the Brooklyn Hospital, Brooklyn, N. Y., to succeed Miss M. I. Merritt. Miss Monteith is a graduate of this school and had held the position of assistant superintendent for two years.

MISS CHARLOTTE A. AIKENS has resigned her position as director of Sibley Memorial Hospital, Washington, D. C. She will sail for Europe in July, accompanied by Miss Bertha Sanford, a nurse of Sibley Hospital.

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#### MARRIAGES

MISS EMMA GROBERT, for five years the superintendent of the Auburn Hospital, N. Y., was married on May 30 at St. John's Episcopal Church to Mr. Alfred O. Ernst, of South Amboy, N. J. The wedding was one of unusual quiet beauty, mingled with a little sadness, for Miss Grobert, during her stay in Auburn, has made an unnumbered host of friends, who sincerely regret that she will henceforth make her home in another State. The bridesmaids were the nurses the hospital recently graduated,—Miss Susan Carey, Miss Jennie Howell, Miss Alger, Miss Van Lier, Miss Gordon, and Miss O'Hern,—who were attired in the white hospital uniform with cap and carried huge bouquets of snowballs.



## OBITUARY

*Resolved*, That we, the members of St. Luke's Alumnae Association, of Chicago, Ill., mourn our loss and extend our heartfelt sympathies to the relatives and friends of Miss Emma Jessie McNell, a member of this association, who died at Fond du Lac, Wis., May 19, 1902.

*Resolved*, That a copy of this resolution be sent to her family, printed in THE AMERICAN JOURNAL OF NURSING, and spread upon the minutes of this association.

JULIA M. WILSON,  
M. E. JOHNSTONE,  
ELEANOR EASTMAN,  
ADDA ELDREDGE,  
BELLE BEACHLEY,  
Committee.

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MISS FLORENCE CROCKER, a pupil of Lakeside Hospital, Cleveland, died on May 24 of small-pox. Her death was peculiarly pathetic. Miss Crocker was a member of the graduating class and had started her final examinations before she took ill, taking the highest mark obtained in the one paper she handed in.

The doctors claim that the severity of the disease in Miss Crocker's case was due to the fact that although vaccinated several times, it was always without success.

It is supposed that Miss Crocker contracted the disease from a patient who came into the outdoor department. From the first day of her illness every symptom was of an exaggerated form. She was placed in the new isolation ward with one of the house physicians and two nurses, who volunteered to take care of her, but in spite of every effort on the part of doctors and nurses, she died after two weeks' illness.

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FIFTH ANNUAL CONVENTION

OF THE

Nurses' Associated Alumnæ  
of the United States

HELD IN

THE LEXINGTON HOTEL

CHICAGO, ILLINOIS

MAY 1, 2, and 3, 1902

MINUTES OF THE PROCEEDINGS







## OFFICERS FOR 1902

### Honorary President.

MRS. HUNTER ROBB, Nottingham, O.

### President.

MISS MARY M. RIDDLE, 745 Massachusetts Avenue, Boston, Mass.

### First Vice-President.

MISS HARRIET FULMER, Unity Building, 79 Dearborn Street, Chicago, Ill.

### Second Vice-President.

MISS SARA RUDDEN, 312 North Nineteenth Street, Philadelphia, Pa.

### Treasurer.

MISS TAMAR E. HEALY, 160 Joralemon Street, Brooklyn, N. Y.

### Secretary.

MISS MARY E. THORNTON, 143 East Thirty-fifth Street, New York City, N. Y.

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## COMMITTEES

### Magazine.

MISS M. E. P. DAVIS,  
MRS. HUNTER ROBB,

MISS MARY M. RIDDLE,  
MISS M. W. STEVENSON,

MISS M. A. NUTTING.

### Committee on Study Course and Annual Reports.

MISS A. J. GREENLEES,

MISS A. O. TIPPET,

MISS ELIZABETH ROBINSON SCOVIL,

MISS A. M. CARR,

MISS FRANCES STONE.

### Printing Committee.

MISS SARA A. BOWEN,

MISS ELIZABETH J. TISDALE,

MISS ANNIE DILLETT.

### Committee on Arrangements.

MISS PAULINE DOLLIVER, Chairman, Massachusetts General Hospital.



# Delegates Registered

May 1, 1902

Allegheny General Hospital T.-S. A.....	Miss FLORA BRADFORD (2 votes).
Bellevue Hospital T.-S. A., New York.....	{ Mrs. RICHARD DEWEY. Miss MABELLE VAN METER (3 votes).
Boston City Hospital T.-S. A.....	{ " LUCRETIA J. GROSS. " MARY M. RIDDLE. (4 votes). Mrs. ELIZABETH A. L. STILLHAMER
Boston and Massachusetts General Hospital T.-S. A.....	{ Miss EMMA A. ANDERSON. " M. E. P. DAVIS. " LILIAN H. MORRIS. " AUGUSTA C. ROBERTSON.
Brooklyn Hospital T.-S. A.....	Mrs. JULIA M. HEWBACH (2 votes)
Buffalo General Hospital T.-S. A.....	Miss EMMA J. KEATING.
Erie County Hospital T.-S. A., Buffalo .....	" JENNIE M. COX.
Farrand T.-S. A., Detroit .....	{ " MARGARET P. LITTLE. " SADIE E. SLY.
Garfield Memorial Hospital T.-S. A., Washington.....	" JENNIE ALDEN SEARS.
Grace Hospital T.-S. A., Detroit .....	" ELIZABETH MILLER.
Hahnemann Hospital T.-S. A., Chicago.....	" JOHANNA L. MOLL.
Hartford Hospital T.-S. A. ....	" HARMONY TWICHELL (2 votes).
Illinois T.-S. A., Chicago.....	{ Mrs. L. HOHMEYER. Miss C. IRENE OBERG. " LILA PICKHARDT. " HARRIET L. SONN. " SARA E. WARWICK.
Johns Hopkins Hospital T.-S. A., Baltimore .....	" G. C. ROSS (4 votes).
Lakeside Hospital T.-S. A., Chicago .....	" MAY GLENVILLE.
Long Island College Hospital T.-S. A., Brooklyn.....	" MARY TWEEDDALE (2 votes).
Maine General Hospital T.-S. A., Portland.....	" F. A. BISHOP.
Mercy Hospital T.-S. A., Chicago.....	" ELIZABETH C. SHERLOCK.
Michael Reese Hospital T.-S. A., Chicago.....	Mrs. VINNIE BREWER LAKE.
New York Hospital T.-S. A. ....	{ Miss ANNA B. DUNCAN. " MATILDA A. FREDERICK (5 votes). " MARGARET ANDERSON (2 votes). " NANETTA SPEAR.
Orange Memorial Hospital T.-S. A.....	" EMMA C. LINDBERG (2 votes).
Paterson General Hospital T.-S. A. ....	{ " NANCY E. CADMUS. " FRANCES A. STONE.
Pennsylvania Hospital T.-S. A., Philadelphia .....	{ " MARGARET A. DUNLOP. " ADELE NEEB.
Presbyterian Hospital T.-S. A., New York.....	" HARRIET B. PEARCE.
Presbyterian Hospital T.-S. A., Philadelphia.....	" MARGARET McLAREN.
Rhode Island Hospital T.-S. A., Providence .....	" M. ELIZABETH SCHUBMEHL.
Rochester City Hospital T.-S. A.....	{ " WILFREDA BROCKWAY. Mrs. MARIE L. CUTHBERTSON.
Rochester Homœopathic Hospital T.-S. A. ....	{ Miss ANNA L. PEARSE. " SUSIE M. JONES.
St. Luke's Hospital T.-S. A., Chicago.....	{ " ELIZABETH RAMSDEN. " SARA RUDDEN.
University of Maryland Hospital T.-S. A.....	
University of Pennsylvania Hospital T.-S. A. ....	

## ASSOCIATE MEMBERS

New England Hospital (for women and children) T.-S. A. } Roxbury .....	Miss DRUSILLA HODGINS.
Old Dominion Hospital T.-S. A., Richmond.....	" ELIZABETH P. COCKE.
Salem Hospital T.-S. A.....	Mrs. J. S. HINCKLEY.

Total, 51 Delegates—62 votes.



# PROCEEDINGS OF THE FIFTH ANNUAL CONVENTION

CHICAGO, ILL., MAY 1, 2, AND 3, 1902

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*First Day—Thursday, May 1, 1902.*

## FIRST SESSION.

One P.M.—Presentation of credentials, registration of delegates, and payment of annual dues.

The president called the convention to order at two-thirty P.M. Bishop Anderson, Bishop Coadjutor of Chicago, was introduced and made the invocation.

PRESIDENT.—I now take pleasure in introducing Miss Julia C. Lathrop, of Hull House, who is well known to all the members of the association, and who will deliver the address of welcome.

Miss Lathrop addressed the convention as follows:

“MADAM PRESIDENT, MEMBERS OF THE NURSES’ ASSOCIATED ALUMNÆ: It is with great pleasure I welcome you to Chicago.

“At first thought it would seem most appropriate that the National Association of Nurses should be welcomed to Chicago, which is honored as the meeting-place of its fifth assembling, by some public official, but I suspect the Committee of Arrangements had a well-considered intention in allowing a mere member of the laity to beg you to believe that you are heartily welcome here. I judge that a formal and official greeting, such as is given in the case of foreign princes and other persons less universally necessary and admired than trained nurses, is not offered to you because it was felt that a word from someone who was only a part of the uncounted millions of your loyal constituency was, after all, a more significant, if a more modest, sign of our common pleasure in your visit.

“I only wish I knew how to express our welcome with an eloquence and directness which could even faintly suggest the great volume of gratitude which would overwhelm you from the homes of all sorts and conditions of men, from hospitals and camps and battle-fields, if it were voiced. This is beyond my power, but some sense of this reward in your profession, this universal appreciation, must surely be with each one of you. It is your unique privilege to reap golden opinions from all sorts of people. Physicians and surgeons when they succeed accord you credit for ‘winning half the battle,’ yet cannot hold you responsible for their failures, and while we sometimes complain of doctors who fail to restore us to health, you are held responsible for no failures, but are credited with at least solacing the miseries physicians do not remove. And when there comes a stern fate compelling someone dear to us ‘to lie quiet, to ask for closed shutters and darkened room and cool drinks and an eased posture and opium,’ then as never before we value that practised skill which eases the final departure and which is a constantly recurring demonstration that training means tenderness, that only scientific skill makes gentleness and even love truly effective.

“Trained nurses long ago had full recognition of their usefulness from the medical profession and the rest of the world. Now they have learned the value of combination to secure adequate pay, to secure laws for their protection, and,



perhaps not less important, many groups show delightfully successful coöperative householding combinations, which are particularly encouraging to wearied persons whose own housekeeping cares sometimes make them need a nurse.

"As women we may well be proud of the success and dignity which has crowned a profession already indispensable, which women have created for themselves, in which they are supreme and are in no danger of having their pay reduced or their occupation taken away by masculine competitors—a misfortune which men sometimes endure at our hands in other pursuits.

"Above all, this profession keeps sacred a sweet and high ideal of personal cultivation and behavior. There is, of course, a certain exquisite fitness which does not ignore training, but only shines the brighter for it, yet has existed without it, that sort of fitness which was never more charmingly sung than by Robert Louis Stevenson in the lines dedicating 'A Child's Garden of Verse' to Alison Cunningham. Do you remember? He says:

"For the long nights you lay awake  
And watched for my unworthy sake,  
For your most comfortable hand  
That led me through the uneven land,  
For all the story-books you read,  
For all the pains you comforted,  
For all you pitied, all you bore,  
In sad and happy days of yore,  
My second mother, my first wife,  
The angel of my infant life,  
From the sick child, now well and old,  
Take, nurse, the little book you hold."

"The development of nursing as a dignified pursuit is a most interesting and inspiring chapter in the history of women's advancement. It just now has reached a point—as viewed from without—of peculiar significance and importance, and it may not be amiss to submit to you briefly the impressions of an outsider and the hopes which many of us look to you to fulfil.

"In a paper written about ten years ago upon sick-nursing and health-nursing by Florence Nightingale there is a most remarkable degree of prophecy and wisdom, as one might well expect from a person of her creative ability. While she does not neglect details as to sick-nursing and the organization of hospitals, her chief emphasis is on health-nursing, and she says:

"We are only on the threshold of nursing. In the future, which I shall not see, for I am old, may a better way be opened. May the efforts by which every infant, every human being, will have the best chance of health—the methods by which every sick person will have the best chance of recovery—be learned and practised! Hospitals are only an intermediate stage of civilization, never intended, at all events, to take in the whole sick population.

"We find a trace of nursing here, another there, we find nothing like a nation or race or class who know how to provide the elementary conditions demanded for the recovery of their sick, whose mothers know how to bring up their infants in health."

"We may well admit that we are still in that intermediate stage of civilization indicated by the hospital, and that we are likely to remain there a long time, and that if we ever emerge the path will probably be blazed by the hospital and the training-school.

"I think that no one who has watched the steady increase in the scope of public institutions and boards having to do with public health either preventively, remedially, or custodially can doubt the tendency to make the care of public health in a large and comprehensive sense a matter of public concern. At the same time we recognize the constant influence of private charity, private initiative, on the more ponderous public efforts. Perhaps some illustrations will suggest this tendency and influence and the larger fields which we think invite the nurse.

"The Illinois Training-School for Nurses in this city has just attained its majority. It is carried on as a private enterprise, and nurses under contract in the wards of our free public hospital, called the Cook County Hospital. It has changed the atmosphere of brutality and stupidity which it found there in wards nursed by untrained political appointees and has made it pure and humane. Now this hospital is only a part of the charities carried on by the county of Cook. In addition there is a detention hospital for the insane in the same



enclosure with the County Hospital, and seven miles away, at Dunning, there are an infirmary and insane asylum with a population altogether of about three thousand. Moreover, the county of Cook (which is really the city of Chicago) has in State institutions for the insane more than two thousand patients. There is not one of these five thousand persons who is not sick or helpless, some of them are dying. The three thousand five hundred who are insane are sick with the saddest and most mysterious of human ailments. Now, at what point in all this assemblage is it logical or humane that the care and supervision of the trained nurse should cease? The need of the skill and of the personality of the trained nurse has lately become so evident at Dunning that as an integral part of the recent reorganization a superintendent of nurses has been placed in immediate charge of all the inmates under the medical superintendent. It will require years to work out fully a nursing force from this beginning, but a substantial advance has been made by the mere fact of a beginning, and the ability and character of the nurse in charge (Miss Helen Scott Hay), an officer of this association, give confidence in her personal success in a difficult situation, not the smallest detail of which is the care of fifteen hundred insane men and women.

"Let us consider for a moment the present status of nursing for the insane, and I confess it is for this purpose that I have asked you to leave the wards of the general hospital in imagination and enter the locked wards of the hospital for the insane. There are, roughly estimated, one hundred and thirty thousand insane persons in the country cared for at public expense. And while we have little unquestionable data as to the increase, yet in a rule-of-thumb way we all know that insanity increases, since the public hospitals are always increasing and are always filled. Most of the institutions are in charge of physicians, but the persons constantly with the patients are the attendants; upon these the patients must depend for personal care and attention and stimulus. Some years ago an inquiry was made by the State Board of Charities of Illinois as to the general status of attendants in hospitals for the insane in the United States. It was shown by the reports of fifty-eight institutions that in most hospitals the attendants eat with their patients and sleep in small rooms on the wards, that the average working day is sixteen hours, with two hours or less off the wards in every twenty-four hours; or, more exactly speaking, the whole of twenty-two hours at least is on duty, since attendants are liable to call during the night; that the general monthly wage is from twelve dollars to twenty-five dollars for women. No one can be surprised that recoveries are few, and that attendants show little ingenuity and become automatic machines for locking, unlocking, and relocking doors in a life so narrow and monotonous and nerve-destroying. Although there are training-schools of some sort in a considerable number of institutions, yet the prevalent conditions as to hours and wages show how far we are from reaching a standard which invites a competent trained nurse to adopt this work as an occupation. The hospital for the insane cannot send out its graduate nurses freely, as the general hospital does, and it must look to some system which will attract and retain for its own service in large measure those whom it trains. If the physician in the general hospital says that 'half the battle belongs to the nurse,' it is surely not less true on the acute wards of hospitals for the insane.

"Does not this service invite the attention of those who lead the training-schools in general hospitals? A system of training which would not only give rudimentary knowledge of mental disturbance, but which also would introduce occupations and games and interests indoors and outdoors—as Froebel and Pestalozzi introduced and vindicated play in the teaching of children—needs to be added on to the training of the general hospital. With nursing superintendents and head nurses thus equipped an organization of strong, good-tempered, and fairly intelligent attendants and orderlies under them would make possible a new life in the wards of hospitals for the insane. This would cost more, doubtless, but what justification in results has the present policy?

"We have the finest buildings in the world, the most marvellous machinery for heating, lighting, washing, cooking, and all that while the patients in the wards increase into a sad-eyed army of imbeciles, dullards, and maniacs.

"Can there be a more useful problem set before the nursing profession to-day than how to serve the victims of nervous and mental break-down?



"There is in this country and abroad an active effort to place cases of acute mental disorder in the category of general hospital cases, and thus under the care of trained nurses. Locally those of us who have watched the operation of the Cook County Detention Hospital are well persuaded that it should be a separately housed ward of the County Hospital, neither more nor less. And those of us who have seen in smaller towns the insane sent to jails when their brothers, equally violent in the delirium of fever, were managed in the neighboring general hospitals, look forward to a day when provision for the acutely insane shall be taken for granted in the plans of the general hospital.

"In the paragraph I quoted above Miss Nightingale makes a plea for health-nursing. She sets up a fine, progressive, and constructive ideal at the very point where a lesser person would have complacently erected as her own monument the standard of a perfect hospital training-school, and she thus reminds those of us who would perhaps gladly put all our emphasis at this time on the need of adequate nursing for the insane that there is a structural aim which must not be forgotten. No one can have less excuse for forgetting this noblest aim than one who lives in a crowded town and who is familiar with the work of the district nurse. One sees the difficulties to be overcome by a rural foreign peasantry thrust into a city tenement quarter. Not one detail of shelter, food, clothing, or social surroundings is familiar. As to the food-stuffs, with the cheap ones they are so unaccustomed, and the resulting dietary is often so bad, that one is almost tempted to accept George Herbert's saying, 'Whatsoever was the father of disease, an ill diet was the mother.' There are rumors of an ill diet of terrapin and champagne in other quarters of town, which also has bad results, but that is another story. In such a neighborhood the advice and wisdom which would be offensive if proffered by a friendly visitor or a neighbor becomes a part of the treatment of the case and not a social affront when given by the nurse, and one must know by observation in order to have any notion of what a cultivated, tactful, intelligent person can do when she has the *entrée* of a nurse. One sees the public school making the only authoritative public utterance of instruction in such a neighborhood, and one feels that somehow the teaching of hygiene and of the simple laws of cleanliness in city and family life, of first-aid-to-the-injured and the like, should be a part of the public teaching and should be taught by nurses and made practical and vital.

"One knows too that the ills of the city are only more spectacular, not more real, than those of the remote country-side, and it does not seem fanciful that wide-reaching schemes of public instruction should engage the attention of bodies like this.

"In England the County Councils have been empowered by Parliament to secure teaching of nursing and sanitary knowledge. In this country we must proceed in our own way, of course, but it may encourage us to know of similar efforts elsewhere.

"I would not say a word more did I not want to thank you for listening to me and to venture to ask your consideration at some time of the two points I have suggested: How best to bring your powers to bear in the care of the unhappy insane, and upon the untouched field of popular instruction in hygiene and sanitation. And finally and all the time believe that you will always be welcome wherever you go, but never more heartily than in Chicago, where some of your best examples adorn and serve the common good."

In response to the address of welcome the president said:

"It is very cheering and gratifying to the members of this association to be welcomed so cordially to the city of Chicago. Some of us have known something of your hospitality in the past, when our first nurses' gathering in America was held here in 1893. We were then unorganized, but the impetus received then has led to the formation of a society which now numbers over four thousand members.

"It would seem as if Chicago, this great city of the lakes, almost the centre of our country, with the sweet, pure breezes from the western prairies sweeping over it to the cool, calm waters of the lake beyond, might be a place where we could say 'It is good for us to be here,' that our thoughts and our deliberations might here be clear and pure and true. Here in the centre of so many and



varying interests, where the pulse beats quickly and life is so strenuous, may we again receive an impulse to greater activity. We stand on almost the western borders of our constituency, and reach out a hand to those beyond whom we hope to welcome to our ranks. It is a pleasure to welcome so many new friends, as it is a pleasure to meet again the old ones and exchange greetings.

"During the year now past one event in our nursing world has become a part of history. Our great Congress, representing all the great nursing organizations of the world, met in the city of Buffalo. Representatives of our profession from other lands and from Maine to California, from Northern Canada to Georgia and Alabama, met together in conference. Some of you may have come here expecting a similar meeting with its inspiration and uplift, but we cannot always dwell on the hilltops of exaltation—the work-a-day world dwells in the valleys, and the battles are generally fought on the plains. Some of the thoughts given to us there we have brought again to you here that we may discuss them and consider their intention and applicability, and that each may return to her home animated by a common purpose and desire towards a common aim.

"It would be pleasant to dwell upon the labor and service of those who have done so much for our profession, from our honorary and beloved member, Miss Florence Nightingale, whose rules on army nursing, hospital administration, home nursing, and sanitary regulations are still our models, through the long list of noble and self-sacrificing women, most of them still in active service, still laboring in our training-schools, East and West, North and South. In all our efforts they are still linked with us in service. To our Superintendents' Association we would give all honor. May its spirit of progress and initiative, of usefulness and of unison, remain with us, though we may not as often as in the past have the benefits of its members' attendance at our Annual Conventions, but we can work with them in their efforts towards the advancement of our profession. What our place and our work shall be rests with ourselves.

"Let me turn your attention briefly to the work mapped out for the present session. Various important committees will make their reports on the subjects entrusted to them, which will no doubt embody many suggestions upon which you will be called to act. This afternoon you will hear the report of the Executive Committee, with the number of new associations coming into union with us.

"An important report will be that presented to-morrow by our Committee on Revision of the Constitution. Our alumnae associations have multiplied all over the country, but with them have grown up a number of associations of equal standing, formed of nurses many of whom have removed from the neighborhood of their school and who feel the need of fellowship and mutual effort and aid. To many it seems advisable that these societies should become a part of our national association, and this question you will be asked to decide.

"Our national society is professedly social and educational. As a social organization it has brought the nurses of the country into a common fellowship, done away with petty rivalries and school jealousies, and brought us to where we are ready to work for the good of not the individual nurse or the individual school, but of the whole profession.

"Through five years of education we have been learning how to lay our foundations for a strong organization by first bringing nurses together who were naturally united by their school ties. From these we have been led to take an interest in what concerns the nurses of the country, and now through our affiliation with the Superintendents' Society we form the American Federation of Nurses, sending representatives to the great International Congress of Women. We have been learning, often through our mistakes, the value and necessity of conducting our meetings in proper form according to parliamentary procedure, and that no rules can be lightly laid aside or broken which safeguard the rights of the minority. Hence we are prepared before forming our State associations to proceed in a careful and perfectly legal manner where each step is of so much importance.

"What has been emphasized so often of late and what we direct your attention especially to at the meetings on Saturday is preliminary education before entering the wards for technical training. Our present system of training is by no means an ideal one. The work is most exacting and the long hours leave little time for recreation. When off duty in the wards time has to be found to prepare for and attend lectures. Many nurses break down in health and many



whose services would be valuable are lost to the profession. In many who have the strength to endure to the end the evil effects of the system are not less apparent. Lack of sympathy and indifference to the feelings of the patient are often charged against the nurse, but it is no wonder if she grow to perform her work in a perfunctory manner when it goes on ten or twelve hours a day, seven days a week, year after year, seeing little of the outside world, not coming in contact with anyone not connected with hospitals. Hospitals are supported by the public, and the public employs the nurses trained in them. If we are to have better nurses, better means must be used to obtain them. More interest shown in the nurse while preparing for future service, and the responsibility to the public of each hospital for the capability and training of the nurses sent out from the school fixed where it belongs, on the hospital authorities, and not on the nursing profession. The time has been when any place was good enough for the nurse's dormitory and anything was good enough for her meals, but gradual improvements are being introduced and more consideration shown for physical well being, and we hope before long to see the preparatory theoretical instruction given in a preparatory school, and the technical instruction obtained in the wards during reasonable hours.

"We also feel that we have reached the time when we should demand recognition as a profession through the granting of a proper certificate by a State constituted and maintained Board of Examiners. These subjects are of vital importance to all nurses. Though the demand for trained nurses is always increasing, the supply increases still more rapidly. Every small hospital in the country in order to secure service organizes a training-school for its own particular interests, and all sorts of nurses are thrust upon the public, good, bad, and indifferent.

"As Miss Catherine Wood says in a recent article: 'The training-schools do not take the public into their confidence in the matter of the failures among the large number which crowd into their wards, but we know that the percentage is a high one, and we also know that the profession and the public would both be the gainers if this percentage were still higher. The meshes of the professional net are either too large, permitting of the escape of all and sundry into the waters of public practice, or they are too small, and retain in the ranks of the profession small fry who choke the waters and are of no use in the ranks of trained nurses. So long as there is no standard gauge of mesh it follows that each training-school will weave its own mesh, and believe in it through thick and thin.'

"Our large schools are criticised that they fail to give instruction in the niceties of nursing. Too much attention is paid to operative proceedings and too little to the many little refinements which make the nurse acceptable in a well-bred home. The small schools are supposed to give only the special training required by the hospital and patients under treatment, and it is believed that there is a tendency towards specialty.

"We grant that our methods of instruction are very much varied. Nurses have been admitted to many schools without adequate preliminary training, and their after training has not been properly supervised and directed, and a lot of half-prepared women have crowded into our ranks with their main idea the acquiring of the almighty dollar, with but little thought for their profession, their vocation, or the public weal. The standard of qualification needs to be fixed, and also guaranteed by some independent authority. It would seem best to place it in the hands of the Regents where such are appointed, and make our education conform to the general scheme required by law.

"The number of schools should be reduced. No hospital which cannot give a nurse a thorough and adequate training should be allowed to establish a school. The efficiency of other schools would be increased by this State supervision and the quality of the nurses improved. There may be a variety of opinions as to the method of conducting these examinations and granting the license, but as to the general proposition there surely can be no objection. It will be seen that this is something more than a question of sentiment, something more than a matter of spasmodic effort or isolated attempt. It is a work worthy of the thought and effort of a great body, which will employ all our energy and resources in time to come. Our work in the past has been of value. There are great possibilities before us in the future. Shall we hesitate and fall back into



a disorganized, indifferent, selfish crowd of workers of all sorts and conditions, lacking *esprit de corps*, unity, and strength, or shall we go forward, perhaps through a wilderness of difficulties and trials, to the 'Canaan of our hopes'? Ours is a recognized profession for women, ours unquestioned and unchallenged; for it we need no emancipation, and towards it no antagonistic attitude is assumed by any. Shall we make it a greater and a nobler, held only by women who know the best and love the best, serving our generation according to our opportunities? May the guiding influence of the present lead us to nobler work in the future.

"I thank you very heartily for the words of welcome extended and for the gracious hospitality offered to us."

PRESIDENT.—We will now listen to the report of the Executive Committee, given by the secretary.

"MADAM PRESIDENT, DELEGATES, AND MEMBERS OF THE ASSOCIATED ALUMNÆ: The Executive Committee begs to present herewith a summary of its work for the year ending May 1, 1902.

"The first Executive Committee meeting of the year was held in the Woman's Industrial Building in Buffalo on September 25, 1901. There were present at this meeting Mrs. Hunter Robb, retiring president; Miss Annie Damer, president; Miss Helen Scott Hay, first vice-president; Miss Harriet Fulmer, second vice-president; Miss Tamar E. Healy, treasurer, and Miss Mary E. Thornton, secretary. The committee at this meeting appointed the members of the various standing committees, as follows:

"*The Committee on Periodicals* (six members. See page 23, Fourth Annual Report).—Miss M. E. P. Davis, Boston and Massachusetts General Hospital; Miss S. F. Palmer, Boston and Massachusetts General Hospital; Miss M. A. Nutting, Johns Hopkins Hospital; Miss Harriet Fulmer, St. Luke's Hospital, Chicago; Miss M. W. Stevenson, Boston and Massachusetts General Hospital, and Mrs. Hunter Robb, Bellevue Hospital, New York.

"*The Educational Committee* (five members).—Miss A. J. Greenlees, Garfield Memorial Hospital, Washington; Miss Elizabeth Robinson Scovil, Boston and Massachusetts General Hospital; Miss Frances Stone, Presbyterian Hospital, New York; Miss A. M. Carr, Johns Hopkins Hospital, and Miss A. O. Tippet, Boston and Massachusetts General Hospital.

"*The Committee on Condensing Local Alumnae Reports*.—Miss Tippet, chairman, to choose her own associates.

"*The Printing Committee*.—Miss Idora Rose, Illinois Training-School; Miss E. M. Johnstone, St. Luke's, Chicago, and Miss B. Steele, Michael Reese, Chicago.

"*The Committee on Arrangements*.—Miss C. M. Reidle, of Illinois Training-School; Miss Persis Plummer, Boston and Massachusetts General Hospital; Miss M. R. Browne, Illinois State Association; Miss May Draper, St. Luke's, Chicago, and Miss Margaret Tooker, of Michael Reese.

"*The Committee on Revision of Constitution*.—Miss Helena Barnard, Johns Hopkins Hospital, to choose her own colleagues. These are Miss Mary M. Riddle, Boston City Hospital; Miss S. F. Palmer, Boston and Massachusetts General Hospital; Miss Breeze, Illinois Training-School, and Mrs. Hunter Robb, Bellevue Hospital.

"Since the amending of Article I. of the Constitution (see page 28 of Third Annual Report) made a change in the name of the association, the secretary was instructed to procure a new die for the official stationery.

"The second Executive Committee meeting was held in the Nurses' Club, 143 East Thirty-fifth Street, New York, on November 23, 1901. At this meeting it was decided to hold the convention for 1902 on Thursday, Friday, and Saturday, May 1, 2, and 3.

"A general outline of programme was made, one feature being an open meeting, for which the secretary was instructed to solicit subjects for discussion, particularly those of interest to the graduate engaged in private duty.

"It was decided that among the papers selected for the convention of 1902 should be some of those read at the International Congress of Nurses held in Buffalo in 1901.



"Mrs. Hunter Robb was proposed for our representative at the meeting of the National Council of Women to be held in Washington in February, 1902.

"The third Executive Committee meeting was held in the Lexington Hotel, Chicago, on Thursday, May 1, there being present Miss Damer, president; Miss Fulmer, second vice-president; Miss Healy, treasurer; Miss Thornton, secretary.

"A general outline was made of the business to be brought before the assembly and the correspondence of the year was gone over.

"During the year the applications of the following societies have been received: The Augustana, of Chicago; the Cooper, of Camden, N. J.; the German, of New York; the Hahnemann, of Chicago; the Hahnemann, of Philadelphia; the Lakeside, of Chicago; the Mary Thompson, of Chicago; the Mercy, of Chicago; the Methodist Episcopal, of Philadelphia; the New Haven, of Connecticut; the Protestant Episcopal, of Philadelphia; the Salem, of Massachusetts; the St. Luke's, of New Bedford; the Toledo, of Ohio.

"Of these the Augustana, the German, the Hahnemann, of Chicago, the Lakeside, the Mercy, the New Haven, the Protestant Episcopal, of Philadelphia, and the Toledo Alumnae were admitted to full membership.

"The Methodist Episcopal, Philadelphia; the Salem, Massachusetts, and St. Luke's, New Bedford, Mass., were found eligible for an associate membership.

"The Mary Thompson, of Chicago, and the Provident, of the same place, were sent the explanation that, owing to the fact that their pupil nurses were sent out upon private duty, their applications could not be considered.

"The secretary was instructed to place before the house certain correspondence, including invitations for the convening of the sixth annual meeting in the cities of St. Louis, Philadelphia, Boston, and Washington.

"Respectfully submitted by the Executive Committee.

"May 1, 1902."

The president called for the treasurer's report, which was presented by Miss Healy. (See page 755.)

PRESIDENT.—You have heard the report of the treasurer. If there are no questions or alterations, it will stand approved. We will now hear the report of the Committee on Arrangements, Miss Fulmer.

Miss Fulmer made the following report:

#### "REPORT OF COMMITTEE ON ARRANGEMENTS.

"The Lexington Hotel Banquet Hall has been secured for all sessions of the convention through the courtesy of Mr. Ross, the proprietor.

"Rooms and board for all delegates and visitors so desiring have also been arranged for at this hotel or with Mrs. Bouchier, 3040 Calumet Avenue.

"Two thousand invitations and programmes have been sent to nurses at various clubs and hospitals throughout the West. Mercy Hospital Management has arranged for a Nurses' Clinic, by Dr. J. B. Murphy, on Thursday at ten A.M.

"Thursday at eight-thirty P.M. there will be a reception at St. Luke's Training-School. A luncheon will be given delegates and officers by the Chicago Alumnae on Friday at noon. All nurses are invited, and tickets may be secured for one dollar from the Committee on Arrangements.

"The general information bureau is at the Lexington Hotel, or the Visiting Nurses' Association Rooms, 1408 Unity Building, 79 Dearborn Street. Information may be obtained from anyone wearing an entertainment badge.

"All delegates will be escorted to places they would like to visit by applying to anyone wearing an entertainment badge.

"The manager of the Illinois Training-School will be at home from three to five on Friday.

"After the luncheon on Friday all interested may avail themselves of the courtesy of Armour & Co., Libby, McNeil & Libby, and Swift & Co., who will furnish transportation and show the visitors their interesting packing plants.

"On returning from the visit all are invited to a reception at Grace Parish House, Fourteenth Street and Wabash Avenue, by St. Barnabas Guild for Nurses.

"Hull House will be open from four to six on Saturday for the reception of delegates.



TAMAR E. HEALY, treasurer, in account with the Nurses' Associated Alumnae of the United States,  
May 1, 1901, to April 29, 1902.

RECEIPTS.

To balance on hand May 1, 1901.....	\$ 67 40	\$139 42
Initiation fees to date.....	295 65	
Annual dues.....	57 05	
Annual dues in advance for 1902.....	239 35	
Sale of Fourth Annual Reports.....	8 60	
Sale of Third Annual Reports.....	42 00	
Entertainment fees.....		
From Superintendents' Association, half of annual dues to National Council of Women.....	16 67	
From Superintendents' Association, six pins of National Council of Women.....	4 00	
Sale of three pins.....	2 25	
Interest on bank account.....	4 50	
		737 47

Examined and found correct.  
Byron Horton, Auditor, New York.  
101 East 23d Street,  
April 26, 1902.

\$876 89

DISBURSEMENTS.

Rent of room for Fourth Annual Convention.....	\$ 15 00
Expense of incorporation.....	13 35
Entertainment of guests attending Congress.....	100 00
Secretary, for current expenses.....	17 82
Secretary, expenses incurred attending Fourth Annual Convention.....	34 50
Treasurer, for stamps, stationery, etc. ....	3 10
Treasurer, expense incurred attending Fourth Annual Convention.....	18 75
Annual dues to National Council of Women.....	33 33
Twelve pins of National Council of Women.....	8 00
Stenographer, copying and typewriting proceedings of Fourth Annual Convention.....	15 00
Stenographer, typewriting notices.....	1 15
Printing ballot slips.....	1 50
Stamped stationery.....	10 44
Printing Fourth Annual Reports.....	310 00
Freight charges.....	2 17
Auditing books.....	4 00
	\$588 11
Balance on hand April 29, 1902.....	288 78
	\$876 89



"Subscriptions to THE AMERICAN JOURNAL OF NURSING will be taken by the special agent during the convention."

PRESIDENT.—It has been suggested that the delegates provide themselves with note-books. I believe the Committee on Arrangements have provided a supply. The seats at the front have been set apart for the delegates, and visitors are welcome to the remaining seats.

If there are no further announcements to be made, we will adjourn until to-morrow morning, and the officers and old members of the association will be privileged, after this meeting, to welcome the new members and all visiting friends in the parlors after we leave this hall. We will now adjourn until to-morrow morning.

*Friday, May 2, 1902.*

## SECOND SESSION.

The convention was called to order at ten A.M.

PRESIDENT.—We will now have the roll-call. The delegates will respond by name from the different associations and give the number of votes to which they are entitled.

The secretary called the roll, fifty-one delegates responding.

PRESIDENT.—The secretary will call your attention to the printed report of the proceedings of the last annual meeting and call for their adoption.

SECRETARY.—Madam President, I hardly think the delegates will expect me to read all of these minutes that have been printed here; each member has had a copy and is, consequently, familiar with the deliberations of the convention of 1901.

PRESIDENT.—You are all supposed to have read these minutes in the report sent out to the different alumnæ associations. What is your pleasure with regard to the minutes submitted to you?

MISS KEATING.—Madam President, I move their adoption.

The motion was seconded by Miss Ross and carried.

PRESIDENT.—We will now listen to the correspondence.

The secretary read the following communications:

*"The Philadelphia County Nurses' Association to the Nurses' Associated Alumnæ.*

"At the meeting of the Philadelphia County Nurses' Association, held March 12 in Philadelphia, a resolution was passed cordially inviting the Associated Alumnæ to hold their next meeting in Philadelphia in 1903.

"(Mrs.) H. S. ANDERS, Secretary.

"March 19, 1902."

*"To the President of the Associated Alumnæ, Buffalo, N. Y.*

"MY DEAR MISS DAMER: The Alumnæ Societies of Training-Schools for Nurses, represented by their undersigned presidents, cordially invite the Associated Alumnæ of the United States to hold its annual meeting in Boston, Mass., in 1903.

"Boston and Massachusetts General Hospital Alumnæ Society,

"M. E. P. DAVIS, President.

"The Boston City Hospital Nurses' Alumnæ Association,

"MARY M. RIDDLE, President.

"New England Hospital Training-School Alumnæ Association,

"DRUSILLA HODGINS, President.

"Massachusetts Homœopathic Hospital Alumnæ Association,

"SUSAN E. TRACY, President.

"March 20, 1902."



" PHILADELPHIA, April 2, 1902.

" *Miss Mary E. Thornton, Secretary Nurses' Associated Alumnae.*

" DEAR MADAM: At the last business meeting of the Pennsylvania Hospital Nurses' Alumnae Association I was instructed to write to you and to invite the Nurses' Associated Alumnae of the United States to hold their convention of 1903 in Philadelphia, Pa. It would give us much pleasure, and I am sure we should derive great benefit, if the convention could be held here.

" Very truly yours,

" CHARLOTTE E. PERKINS, Secretary,  
" 734 South Tenth Street, Philadelphia, Pa."

" COLUMBIA AND CHILDREN'S HOSPITAL ALUMNAE ASSOCIATION,

" WASHINGTON, D. C., March 29, 1902.

" *Miss Annie Damer, President of the Nurses' Associated Alumnae of the United States.*

" DEAR MADAM: The Columbia and Children's Hospital Alumnae Association extend a cordial invitation to the National Associated Alumnae to hold its next annual meeting in Washington, D. C.

" ELIZABETH M. HEWITT, Secretary."

" THE ALUMNAE ASSOCIATION OF THE GARFIELD MEMORIAL HOSPITAL,

" 'THE VICTORIA,' WASHINGTON, D. C., March 22, 1902.

" *To the President of the Nurses' Associated Alumnae of the United States, 55 West Mohawk Street, Buffalo, N. Y.*

" MY DEAR MISS DAMER: The Alumnae of the Garfield Memorial Training-School of this city are most anxious to have the Associated Alumnae meet in Washington in 1903.

" They wish to extend a cordial invitation, and earnestly hope that it will meet with your serious consideration.

" Very respectfully,

" HELEN N. GARDNER, Secretary.

" ANNA J. GREENLEES, President.

" MARY L. BAUSKETT, Chairman Executive Committee."

" NEW YORK, April 12, 1902.

" *Miss Damer, President Associated Alumnae.*

" MADAM PRESIDENT: I regret very much not being present at the meetings of the Associated Alumnae for many reasons, of which one is that I wish to urge upon the association the desirability of discontinuing the publication of the Annual Reports as a separate pamphlet, and of establishing the plan of having our reports appear solely in THE AMERICAN JOURNAL OF NURSING.

" The reasons I would give for this change in policy are as follows:

" I. The labor for the secretary entailed by the publication and distribution of a pamphlet report is onerous and is entirely beyond what we should ask of an unpaid secretary.

" II. It also throws an added and unnecessary burden upon the alumnae secretaries.

" III. The desired purpose, of making sure that each member reads carefully all the proceedings, is not attained by this complicated method.

" IV. Our official Journal should be made in actual fact what it now is only in part—viz., the official medium of all our transactions and communications, and the one sole medium. This would simplify our detail work immensely and would be direct and definite.

" V. The money now spent on reports could be far more satisfactorily invested.

" Hoping, Madam President, that this suggestion may receive your endorsement and the approval of the association,

" I am very sincerely yours,

" L. L. DOCK,

" Member Bellevue Alumnae and Charter Member Associated Alumnae."



"April 30, 1902.

"Miss Damer, President Associated Alumnae of the United States.

"DEAR MADAM PRESIDENT: The International Council of Nurses hopes at an early date to publish a circular or leaflet to the public upon the desirable standard of a nurse's professional education and the different branches of which it should be composed. In this leaflet the desirability of a certain amount of preliminary or preparatory training will be urged, and the International Council believes it would be a help and support to have the expression of the Associated Alumnae on this point. Should the association feel disposed to pass a resolution expressive of its attitude towards preparatory work, may I hope that it will be considered in the light of a statement to the public at large?

"I remain very truly yours,

"L. L. Dock,

"Secretary International Council."

A word of greeting to the convention from the St. Luke's Alumnae, St. Paul, Minn., was read, and after calling the attention of the members to the circular letter sent out by "Truth, the Woman's Forum," the correspondence was finished.

PRESIDENT.—Several matters in this correspondence had better be delayed until we go into executive session. We will now have the report of the Committee of Arrangements for the morning if there is anything to announce.

Miss Fulmer announced that a photographer would be prepared to take a photograph of the delegates present at one P.M.;\* that the members of the Illinois Training-School would be at home from three to five; also a reception to delegates and visitors by St. Barnabas Guild for Nurses, Grace House, Fourteenth Street and Wabash Avenue, from four to six P.M.; and a special train would go from Twenty-second Street Station for anyone who desired to go to the packing plants of Armour & Co., Swift & Co., and Libby, McNeil & Libby; that all hospitals would be ready to receive visiting nurses and delegates from two to six in the afternoon; that Miss Julia C. Lathrop, Dr. E. C. Hackett, and Miss Brockway, residents of Hull House, would be at home Saturday from four to six P.M.

PRESIDENT.—Are there any other announcements to be made from any committee? If not, we will call for the reports of standing committees. The first is the Magazine Committee. Does any member of the committee wish to speak in general of its work?

MISS PALMER.—Madam President, the official report of the committee to the members of the society should properly be made in executive session, but I am very glad to take this opportunity of saying just a word or two in regard to the work of THE AMERICAN JOURNAL OF NURSING since it started. When it began it was simply the official organ of the Associated Alumnae. It now has been in existence a year and a half, and has been made, as you know, the official organ of the New York State Nurses' Association, the American Society of Superintendents of Training-Schools for Nurses, the Order of Spanish-American War Nurses, and the Guild of St. Barnabas. Certainly we have a right to say that THE AMERICAN JOURNAL OF NURSING is the official nursing journal of this country. The work is going on slowly, but the gain is very steady. The professional interest is growing everywhere, and the business status is improving all the time, but, of course, we want the coöperation especially of members of the alumnae. We want the general support of the nurses of the country, and we want to be able to broaden our field very largely. We can only do this by a more cordial coöperation than we are having in some directions, but still we feel that for the little time the JOURNAL has been in existence our success has been almost

\* The photographs were not sufficiently good to warrant reproduction in these pages.—ED.



remarkable. We have, as I say, made a slow but a very steady growth,—a staying growth,—and while we do not feel that the JOURNAL is by any means perfect, we know that we can make it more perfect with greater experience and with a larger subscription list, which will enable us to broaden on many lines. We all feel very much encouraged in regard to its success. Business men say our success has been very unusual—for a body of women who have taken hold of the matter without previous training. I feel personally that the JOURNAL is a great bond of sympathy between the nurses of this country, and that we have gained and broadened more in this year and a half than we have done in any period previous to that time, and we shall go on broadening with each one of these meetings. They bring us more in touch with the general work in which we are interested.

There will be a few copies of the JOURNAL at the door, which members may take with them.

PRESIDENT.—We will hear the report of the Committee on the Course of Study read by the secretary.

The secretary read the report, as follows:

“REPORT OF COMMITTEE ON COURSE OF STUDY.

“MADAM PRESIDENT AND MEMBERS OF THE SOCIETY: For the better purpose of comparison of the work of this committee a résumé of the work done since its formation is given.

“While the suggestions have not been followed throughout, they have evidently stimulated and helped in some measure.

“It will be seen from the subjects proposed for study from year to year that the outlook has broadened. The tendency is to study municipal affairs in their relation to hygiene, sanitation, etc., and to learn in what way a nurse can help to improve the health of her community.

“In New York the Alumnae Associations of the New York, Presbyterian, Bellevue, Post-Graduate, Roosevelt, and St. Luke's Hospitals united for a course of several months, the line of study including clinics, visits to municipal institutions, and current events. Several societies also combined for a ten-weeks' course in parliamentary law.

“In Boston the Alumnae of the Massachusetts General and the Boston City studied parliamentary law together.

“A new feature this year in the line of progression has been the formation of the county associations, but, like the State associations, the time so far has been given to organization.

Course outlined by Committee.	Date.	Followed course.	No course.	No reply.	Different work.	Last year's course.	No. associations.	Suggestions.
Parliamentary law, bacteriology, ethics, hygiene, nursing topics.	1899	16	4	7	....	....	27	Nursing and literary subjects.
Parliamentary law, sociology, district and hourly nursing, foods, kitchen, laundries.	1900	5	3	7	16	....	31	Sociology, housekeeping, hypnotism, electricity, dietetics, sanitary inspection, hydrotherapy.
Parliamentary law, food, business methods.	1901	6	3	....	19	10	38	Sanitary inspection, Consumers' League, the retired nurses' resources, tuberculosis, infantile feeding.

“Respectfully submitted,

“ANNA J. GREENLEES, Chairman Committee.”



PRESIDENT.—You have heard this report. Do you wish to have any discussion upon it? You notice how very few of the associations follow the course suggested, and the committee would like to know whether you feel like continuing it another year—that is, whether the local associations prefer to arrange their own courses of study.

MISS RAMSDEN (University of Pennsylvania Hospital).—Madam President, in the Philadelphia County Association we felt that we needed relaxation more than keeping up with nursing study. We felt that we must have something else to think about when we leave our patients, and consequently we took a literary course, and had a professor from the University of Pennsylvania who is assistant professor of literature, and he gave a course on the English novel, so that the members had that to talk about when they went back to their patients. Then after that course we had some lectures by the doctors. Next June we hope to have a course in literature by the same professor.

PRESIDENT.—What has New York City to say about the course of study?

SECRETARY.—Madam President, in New York it has been the aim of the committee to gradually develop interest in lines not strictly pertaining to nursing (if anything could be said not to pertain, even ever so slightly, to this many-sided work of ours), yet closely allied to the profession; we are, this year, considering taking advantage of a proposition made us by the League for Political Education. For a nominal fee from each alumnae we shall be able to have a course of twelve special lectures—on “Social Reform,” on “Civil and Municipal Government,” and on “Current Events.” Aside from these lectures, each member will be given the privilege of attending the Saturday morning lectures at the league and the freedom of the reading-room.

PRESIDENT.—What has Boston been doing?

MISS DAVIS (Massachusetts General).—Madam President, the Boston nurses have been following the course pretty closely laid out by the Associated Alumnae. I don't know that they have always kept to the exact plan, but they have taken those subjects that have been proposed this year, besides studying parliamentary law with the Boston City Hospital graduates. We took up also a course of business methods for nurses in our own alumnae. I think that we realized that perhaps that would be the best method for us to follow. We see our own needs—what we are most lacking in. Therefore I think that sometimes the subjects that might be proposed by the Associated Alumnae would not touch all of the societies.

PRESIDENT.—How about the isolated alumnae—where there is only one association in a city?

MRS. CUTHBERTSON (St. Luke's, Chicago).—Madam President, the Chicago Association has taken up a course in parliamentary law. It seems to our alumnae association that there are too many subjects proposed for each year.

MISS HINCKLEY (Salem).—Madam President, I found that the outline of the Alumnae Association had helped our association very much. The past year we have studied parliamentary law.

PRESIDENT.—Are there any others? If not, we will defer further action until the executive session. We will call for the committee's report on the annual reports from local societies.

Miss Riddle read the following report for the chairman of the committee, who was not able to be present (see page 762):



NAME.	Membership.	New members.	Meetings held.	Purpose of meetings.	Loss of members by death.	Loss of members by resignation.	Remarks.
New York Hospital Training-School.	285	31	Annual meeting.	.....	1	.....	Short course in parliamentary law given by Miss Adele B. Fields. Funds contributed towards work in Nurses' Settlement for teachers in singing and dancing.
Massachusetts General Hospital, Boston.	201	30	Monthly from October to May (inclusive).	Business, educational, and social.	2	.....	Two courses of study have been carried out, one taught by Mr. Montague Chamberlain on "Prevailing Business Methods," and the other "Parliamentary Law," taught by Mrs. Shattuck. In the latter course the Boston City Hospital Alumnae and Boston Nurses' Club also united.
Boston City Hospital.	210	10	Two of whole Alumnae and four Executive Committee.	Business and social.	....	.....	About twenty members, including four delegates, attended Congress of Nurses in Buffalo. United with Massachusetts General and Boston Nurses' Club in a course of ten lessons on parliamentary law given by Mrs. Shattuck.
Hospital of the University of Pennsylvania.	123	19	Monthly.	.....	1	6	Met with Alumnae Associations of Presbyterian, Pennsylvania, Philadelphia, and Episcopal Hospitals and united in forming The Philadelphia County Nurses' Association. "Benefit" given in aid of the Endowed Room at Chestnut Street Theatre in February.
New York Post-Graduate Hospital.	122	25	Monthly.	Business and social.	1	.....	United with the five other New York Alumnae Associations for study course. Club-house work carried on. Library station secured for club.
Brooklyn Hospital.	94	5	Monthly.	Educational.	....	.....	Course in parliamentary law by Miss Adele Fields. In response to letter from Dr. Grace Watkins, twenty-five dollars sent towards building a hospital in Porto Rico. Registry established. Talk on State registration in December by Miss Thornton.
New England Hospital.	74	4	Monthly.	Business.	....	4	Registry and club-house discussed.
Bellevue Hospital.	?	15	Eight.	.....	3	7	Course of lectures, clinics, receptions, and entertainments under New York Associated Alumnae. Delegates sent to Nurses' Congress in Buffalo and to the Albany State Convention. Sick members have been visited and sick fund called on to the extent of three hundred and forty-three dollars.
Garfield Memorial Hospital.	53	10	Monthly.	Educational.	....	.....	Eight lectures by physicians to the alumnae. Sixteen lectures given by members of the alumnae to Mothers' Association and Girls' Friendly Society on "Home Nursing." Attempt to increase the fellowship and <i>esprit de corps</i> among nurses.
Columbia and Children's Hospitals Alumnae.	50	12	Quarterly.	Social and educational.	....	2	Lectures by physicians. United with Garfield Hospital in course on parliamentary law and other lectures and talks.
Hospital of the Good Shepherd.	47	..	Monthly.	Business, social, and instructive.	....	.....	Club-house established. Code of ethics adopted. Delegates sent to Congress of Nurses and Convention of New York State Nurses' Association.



NAME.	Members- hip.	New members.	Meetings held.	Purpose of meetings.	Loss of members by death.	Loss of members by resignation.	Remarks.
Illinois Train- ing School.	265	30	Monthly.	Business, educa- tional, charita- ble, and social.	4	17 dropped for non- payment of dues, 5 rein- stated.	Lessons in parliamentary law by Mrs. John D. Overman. Lessons in domestic science, Miss E. Lutz. Original papers on infantile dis- eases. Thimble-bee for charity crèche.
Pennsylvania Hospital, Philadelphia.	....	..	Monthly.	Business, and in- structive and social.	....	.....	Consideration of beneficial fund for sick and disabled members. United with the four other large hospitals, Presbyterian, Univer- sity of Pennsylvania, Philadel- phia, and Episcopal, in forming the Philadelphia County Nurses' Association.
Presbyterian Hospital, Philadelphia.	....	..	Monthly.	.....	....	.....	Interesting address by Mrs. Bed- ford-Fenwick in September on the International Federation of Nurses. Eight hundred and fifty dollars raised by fair towards en- dowment of bed for sick mem- bers. Course of lectures given on the English novel.
Hartford Hos- pital.	....	..	Quarterly.	Business and in- structive.	....	.....	A committee formed to take steps towards raising ten thousand dol- lars for the endowment of a bed for sick nurses in the hospital.
Orange Train- ing-School.	....	..	Four.	.....	....	.....	Dinner given by alumnae to gradu- ating class. Isolation infirmary for graduate nurses to be built, fund raised by graduates and land given by Hospital Board. Great interest in State Association.
Maine General Hospital.	30	..	Monthly.	Educa- tional.	....	.....	Papers read by members who are at present in other hospitals. Aided members through the sick benefit fund.
Long Island College Hos- pital.	150	..	Monthly.	Social.	3	.....	Lectures on parliamentary law, on Yellowstone Park. Annual out- ing in Prospect Park.
H o u s e o f Mercy.	48	..	Quarterly.	Business and social.	....	.....	Plans formulated for furnishing an obstetrical room in the new hos- pital. A room has been furnished and endowed for the graduate nurses in this new building. Fif- teen hundred and twenty-eight visits made to poor patients by the nurses of this association. An invitation received from the Union for Home Work to have the society represented on their board.
Presbyterian Hospital, New York.	105	..	Monthly.	Business and social.	....	.....	United with New York Alumnae Associations for study course. Took a third share in magazine. Twenty-five hundred dollars do- nated to loan and benefit fund by Mr. John S. Kennedy, presi- dent of Board of Managers of Presbyterian Hospital, and six thousand dollars donated by a friend, whose name is with- held.

**"REPORT OF COMMITTEE FOR CONDENSING REPORTS OF LOCAL ALUMNÆ ASSOCIATIONS.**

"The committee has only received seventeen reports from the local associa-  
tions, and therefore feels it can give but a poor idea of what has been done by  
the Associated Alumnae as a whole. Those from whom we have heard, however,  
all speak of greater interest, increased membership, and more frequent meetings.



"Most have done something in an educational way, though not always following the suggestions of the Committee on the Course of Study. Several have taken thought for their sick or disabled members either by joining a benefit fund or raising money for the endowment of a bed in a hospital.

"Two report outside work done for charity, one lectures given the Mothers' Association and Girls' Friendly Society, and the other sewing for the charity crèche.

"The Philadelphia associations have united in forming the Philadelphia County Nurses' Association, which is open to all graduates from recognized training-schools in Philadelphia County.

"We give on pages 761 and 762 the table of condensed reports.

"ALICE O. TIPPET, Chairman.

PRESIDENT.—You have heard the report of this committee. Do you wish to have any discussion upon it? If not, we will take up the report of the delegate to the National Council of Women.

As the delegate, Miss Richards, was not present, Miss Davis read the following report:

"REPORT OF THE FOURTH TRIENNIAL COUNCIL OF WOMEN OF THE UNITED STATES.

"MADAM PRESIDENT: The council met in Washington, D. C., February 19 to 25, 1902, Mrs. Fannie Humphreys Gaffney, of New York, president.

"Many notable women were present, among whom were Mrs. May Wright Sewall, of Indianapolis, Ind., president of the International Council of Women and honorary president of the Council of Women of the United States; Mrs. William Todd Helmuth, of New York, cabinet head of the Department of Foreign Relations of the council; Mrs. Lucretia Blankenburg, of Philadelphia, Pa.; Miss Clara Barton, of Red Cross fame; Miss Susan B. Anthony, so well known in connection with the suffrage movement, and many others.

"The colored women were very ably represented by Mrs. Josephine S. Yeats, president of the National Association of Colored Women.

"Societies many and varied were represented.

"Able and exhaustive papers were read and discussed.

"Intensely interesting were reports from the different societies, all showing the upward and onward movement among women; and all societies seem to have been brought closer together by these exchanges of ideas.

"Some very excellent addresses were listened to, among which was that of the Rev. Anna H. Shaw upon the 'Ethics of Race Relationship,' in which she told of conditions in the West Indies as found by her on her recent visit there.

"Much work was accomplished, a brief outline of which I give here:

"(1.) It was voted that representation at the quinquennial meetings be increased to nine from each council, three delegates *with* votes and six *representatives without* votes.

"(2.) That all representatives upon standing committees be retained during the whole quinquennial period.

"(3.) That members of all international committees are eligible to sit with the executives of their own councils, *but without* votes.

"(4.) All chairmen of standing committees are to be ex-officio members with the Executive Committee *with* votes.

"(5.) That all members of standing committees be invited to sit *as listeners* at executive sessions but cannot vote.

"(6 and 7.) Was the budget of appropriations for the International Council. Voted that a Finance Committee be formed, not to consist of the treasurers of the National Council, but to be chosen by the new administration.

"(8.) That plans be formulated by which members by paying one hundred dollars may become international patrons.

"(9.) The Peace Propaganda was discussed at length, but the delegate from the National Alumnae did not hear any of this discussion.

"(10 and 11.) Voted that America be urged to establish a National Bureau of Information, this being considered very important.

"(12.) An international badge was discussed and one design suggested.



This is to consist of a bar with pin, suspended from which shall be a ball to represent the earth.

"(13.) Mrs. J. Ellen Foster, of Washington, D. C., was appointed to represent the United States at the International Council on the Committee on Domestic Relations under the law.

"(14.) Councils are to be urged to send representatives to all expositions.

"(15.) The Finance Committee is to consider the necessity of travel and expense in connection with the organization. Miss Maria Purdy Peck is to represent the National Council of the United States on the Finance Committee of the International Council.

"(16.) Mrs. William Todd Helmuth, of New York City, was appointed to be the representative of the council at the annual executive meeting in Copenhagen, Denmark, the coming summer.

"(17.) The new administration to consider representatives to go to Berlin in 1904.

"(18.) The Committee on Internationalism is to see that each affiliated organization is adequately represented at Berlin. Twelve countries have already formed Committees on Internationalism. The president of each home organization is to suggest representatives.

"(19.) The new officers elected are: President, Mrs. William Todd Helmuth, New York City; vice-president at large, Mrs. Swift; corresponding secretary, Mrs. Miller; first recording secretary, Mrs. Weaver; second recording secretary, Mrs. Barrett, 218 Third Street, N. E., Washington, D. C.; treasurer, Mrs. Hollister, 307 Kirby Avenue, Detroit, Mich.

"Respectfully submitted,

"LINDA RICHARDS."

PRESIDENT.—Will you kindly explain to the members our relation to the Council of Women?

MISS DAVIS.—I will have to have that explained to me. I don't understand it in the least. I was simply asked to read the report for Miss Richards.

Miss Keating (Buffalo General) stated that she represented the council at Buffalo last year, and that she understood that the Associated Alumnae was represented through its affiliation with other associations that were affiliated with the National Council of Women.

PRESIDENT.—We have a report from the American Federation of Nurses which will be presented and will explain still further, which the secretary will read.

The secretary read the following:

"THE AMERICAN FEDERATION OF NURSES.

"Committee's report to the Associated Alumnae and the Superintendents' Society:

"MADAM PRESIDENT AND MEMBERS: Your committee has the honor of presenting the following report:

"The American Federation of Nurses was represented at Washington in the National Council of Women on February 19, 20, 21, and 22 by its president, Miss M. A. Nutting, of the Johns Hopkins Hospital, who was chosen by the Federation committee to fill this position, and by its delegate, Miss Linda Richards, of the Taunton Hospital.\*

"The president read an official report of the federation, which is enclosed herewith,† and the delegate read a paper entitled 'The Entrance of the Nursing Profession into Reform and Prevention.'‡

"During the year past the secretary has been called upon by the National Council to furnish items regarding its work and aims for the official bulletin of the council. This has been done.

\* Miss Nutting remains president during the triennial period of the Council of Women.

† See May number of JOURNAL.

‡ See June Number of JOURNAL.



"The National Council of Women has asked that a member of the federation shall undertake to report yearly to the council all events of a public nature showing advancement in our profession, progress in an educational way, or a more liberal attitude of public opinion and law towards our profession. This request has been met by Miss Sophia F. Palmer.

"We have also been requested by Mrs. Sewall to appoint a member who would serve on a committee charged with the duty of working for a universal demonstration in favor of peace and international arbitration on the basis of the Hague Conference. This demonstration is to be held simultaneously in fourteen countries, comprising almost all of the civilized nations, on the 15th of May. While we did not feel able to promise any extensive assistance, we have appointed a member who is aiding this movement in New York City, Mrs. Emma Keith Booth, a graduate of St. Luke's, New York, under Miss Maxwell, who very generously donated the share of the federation in printing expenses.

"The financial obligations incurred in our relationship with the National Council of Women have been equally divided between the Associated Alumnæ and the Superintendents' Society. They have been: (1) the annual dues, (2) the expense of delegates, and (3) the pins of the National Council. These may be sold again to any individual member, and other members desiring these pins may obtain them from the secretary of the council, Mrs. Ida M. Weaver, Boise City, Idaho.

"The President and the members of the Committee of the Federation of Nurses all feel that the federation ought, in time, to embrace all national organizations of nurses, and they informally suggest at this meeting that the members present take this idea back with them for consideration. All that is necessary is that other national organizations of nurses shall agree to pay their share of the dues to the council, to provide their quota of members on the committee, and to be ready to respond to calls for a share of the duties involved, which, as we see so far, are not exacting or continuous, but confined to some special service now and again.

"This affiliation, while it leaves us all free in our respective societies, brings us before the public as one body, and brings us into relations with the National Councils of all lands in the international meetings which are held every five years.

"Respectfully submitted,

"L. L. DOCK, Secretary.

"TAMAR E. HEALY,

"LUCY L. DROWN,

"L. E. GREYTER,

"MARY E. THORNTON.

("Miss Nutting, president, absent from the country.)

#### "NATIONAL COUNCILS AFFILIATED.

"*The National Council of Women of the United States*.—Formed March, 1888. Federated June, 1893. Mrs. Fannie Humphreys Gaffney, president, 41 Riverside Drive, New York City, N. Y.

"*The National Council of Women of Canada*.—Formed October, 1893. Federated July, 1897. Lady Taylor, president, 49 Madison Avenue, Toronto.

"*The National Council of Women of Germany*.—Formed 1894. Federated July, 1897. Frau Marie Stritt, president, Seidnitzerplatz 1, Dresden.

"*The National Council of Women of Sweden*.—Formed January, 1896. Federated July, 1898. Fru A. Hierta-Retzius, president, 110 Drottninggatan, Stockholm.

"*The National Council of Women of Great Britain and Ireland*.—Formed October, 1897. Federated July, 1898. Hon. Mrs. Arthur T. Lyttleton, president, Castle House, Petersfield, Hants, England.

"*The National Council of Women of Denmark*.—Formed March, 1899. Federated March, 1899. Froken Henni Forchammer, president, Ingemanns Vej, 3 B. Copenhagen.

"*The National Council of Women of New South Wales*.—Formed July, 1896. Federated March, 1899. Viscountess Hampden, president, Government House, Sydney.



"*The National Council of Women of Holland.*—Formed March, 1899. Federated March, 1899. Mme. Klerck van Hogendorp, president, 11 Alexanderstraat, The Hague.

"*The National Council of Women of New Zealand.*—Formed April, 1896. Federated May, 1899. Mrs. Sheppard, president, Box 209, P. O., Christchurch.

"*The National Council of Women of Tasmania.*—Formed May, 1899. Federated June, 1899. Lady Dodds, president, Government House, Hobart.

"*The National Council of Women of Switzerland.*—Formed December, 1899. Mlle. Helene Mulinen, president, 62 Rue de la Justice, Berne.

"*The National Council of Women of Italy.*—Formed March, 1900. Federated June, 1900. Contessa Taverna, president, Torno Laga di Como, Rome.

"*The National Council of Women of France.*—Formed August, 1900. Mlle. Sarah Monod, president, 95 Rue Neuilly, Paris.

"*The National Council of Women of Argentina.*—Formed September, 1900. Senora von Praet de Salas, president."

PRESIDENT.—Would you like to ask any further questions upon these reports? If not, we will proceed to the report of the Committee on the Revision of the Constitution, which was appointed a year ago, which will be presented by Miss Palmer for Miss Barnard, who is chairman, but unable to be present.

Miss Palmer explained that the committee had not all gotten together during the year and the work of revision had to be done by suggestion from different members through correspondence, which was a difficult way of doing work of this kind. She said the committee found that the association had so outgrown the old constitution that the only thing to do was to make a clean sweep of the whole thing without very much regard to the old by-laws; but that those articles of the constitution that were included in the incorporation papers could not be changed without an act of the Legislature of New York State. Miss Palmer then read the draft of constitution and by-laws that had been prepared.

#### " CONSTITUTION.

##### " ARTICLE I.

###### " *Name.*

"This association shall be known as the Nurses' Associated Alumnae of the United States.

##### " ARTICLE II.

###### " *Objects.*

"The objects of this association shall be to strengthen the union of nursing organizations, to elevate nursing education, to promote ethical standards, in all the relations of the nursing profession.

##### " ARTICLE III.

###### " *Eligibility.*

"Nursing organizations whose members are graduates from general hospitals giving not less than two full years of training in the hospital shall be eligible for membership in this association by sending thereto accredited delegates and paying annual dues.

##### " ARTICLE IV.

###### " *Membership.*

"The membership in this association shall be divided into active, permanent, and honorary.

"Active membership shall consist of delegates duly elected to represent the nursing organizations belonging to this association, including all officers.

"Permanent membership shall consist of charter members, former delegates and officers.

"Honorary membership shall consist only of women who shall have rendered distinguished services in the nursing profession.



"ARTICLE V.

*"Officers.*

"The officers of this association shall be a president, first and second vice-presidents, secretary, and treasurer. They shall have such duties as shall be hereinafter provided.

"ARTICLE VI.

*"Board of Directors.*

"SECTION 1. The officers of this association, with the presidents of recognized State associations, shall constitute a Board of Directors.

"SECTION 2. They shall elect an Executive Committee from their members for the transaction of business.

"ARTICLE VII.

*"Annual Meeting.*

"The annual meeting of this association shall include all officers of the association and delegates from nursing organizations in such proportion to their numbers as shall be hereinafter specified, permanent members and visitors according to the rules of the association.

"ARTICLE VIII.

*"Amendments.*

"SECTION 1. Amendments to the constitution shall be proposed in writing at the first session of the second day of the annual meeting, and shall be voted upon at the annual meeting next subsequent to that at which such amendment shall have been proposed, it being provided that each nursing organization shall receive a copy of any proposed amendment at least three months prior to the meeting at which action is to be taken. Provided, further, that when an amendment is properly under consideration, and an amendment is offered thereto germane to the subject, it shall be in order, if adopted, and shall have the same standing and course as if proposed at the preceding meeting of the association.

"SECTION 2. A majority vote of all members present at the meeting shall be required.

"BY-LAWS.

"I.

*"Meetings.*

"This association shall hold an annual meeting at such time and place as may be determined upon by the association from year to year.

"II.

*"Duties of Officers.*

"SECTION 1. The president shall preside at the annual meeting and appoint all committees not otherwise provided for. She shall be an ex-officio member of all committees.

"SECTION 2. The vice-presidents shall, according to their rank, in the absence of the president perform her duties.

"SECTION 3. All officers shall be elected annually.

"SECTION 4. The secretary shall keep the minutes of the meeting, conduct the correspondence of the association, and send by mail to the Board of Directors and to the nursing organizations copies of all such matters as may be necessary. She shall preserve all papers, letters, and unpublished transactions of this association.

"SECTION 5. The treasurer shall collect, receive, and have charge of all funds of this association. She shall deposit such funds in a bank of good credit, shall make all her payments by check, and shall pay such bills only as shall have been approved by the president or the chairman of the Executive Committee. She shall submit her reports and accounts every year to the auditor, and shall report to the Executive Committee, whenever requested to do so, the financial standing of the association.



“ III.

“ *Board of Directors.*

“ SECTION 1. The Board of Directors shall be composed of the president, vice-presidents, secretary, and treasurer, and the presidents of affiliated State organizations, but until such time as the Board of State Presidents shall be sufficient, a requisite number of directors shall be appointed from among the permanent members of the association to make the Board of Directors eleven. Nominations for such offices to be made by the Nominating Committee and election shall be by ballot.

“ SECTION 2. The Board of Directors shall choose from its own members an Executive Committee of at least five, who shall meet as often as necessary and transact such business as may come before it. They shall report at the annual meetings.

“ SECTION 3. The Board of Directors shall appoint an Eligibility Committee and such sub-committees as may be required for the proper transaction of business.

“ SECTION 4. The Executive Committee shall have the treasurer's accounts audited yearly by a professional auditor.

“ IV.

“ *Membership.*

“ SECTION 1. Active members shall be duly elected delegates from affiliated nursing organizations. They shall be entitled to vote at the annual meetings. They shall be eligible for office and shall have the right of debate.

“ SECTION 2. Each affiliated organization shall have the privilege of sending to the annual meetings of this association one delegate for every fifty of its members and one delegate for every additional fraction of more than half that number; organizations of less than fifty may send one delegate.

“ SECTION 3. Organizations with large membership may send delegates with power to vote by proxy, such delegates to bear credentials showing the number of votes to which their organization is entitled.

“ SECTION 4. Each organization shall notify the secretary of the association of the number of delegates who will be present at the annual meeting at least one month prior to the date of this meeting.

“ SECTION 5. Permanent members, unless personally known to the president or secretary, shall bring credentials from their organizations. They shall be entitled to attend all general sessions of the annual meeting and to participate in debate on professional and ethical subjects. They shall continue in these privileges so long as they remain in good standing in their organizations. They shall not be entitled to vote, but they shall be eligible to reelection as officers or delegates at any time.

“ SECTION 6—*Honorary Members.* The names of such proposed members shall be presented at the close of the first session of any annual meeting and shall be voted upon at the closing session of the same. A unanimous vote of the members present shall be required to elect. Honorary members shall be given all the privileges of the association, but shall not hold office and shall have no votes.

“ SECTION 7. All nurses in good standing in affiliated organizations may attend all general sessions of this association, but shall not be entitled to the privilege of vote or debate. They shall present a card of admission signed by the president of their organization.

“ V.

“ *State Organizations.*

“ SECTION 1. When a State organization shall have become affiliated with this association its secretary shall send annually a copy of its constitution and by-laws, with the names of its officers and members, to the secretary of this association, who shall transmit it to the Executive Committee.

“ SECTION 2. The presidents of affiliated State organizations shall, during their term of office, be members of the Board of Directors.



" VI.

*" The Right of Appeal.*

" Any nursing organization may have the right of appeal to the Board of Directors, whose decision shall be final.

" VII.

*" Guests.*

" The president of this association shall have the privilege of inviting special guests to the general sessions of the annual meeting.

" VIII.

*" Committees.*

" SECTION 1. All standing and sub-committees not otherwise provided for shall be appointed from the floor unless ordered by a vote of the association.

" SECTION 2. The standing committees shall be as follows, appointed by the Board of Directors:

" (a) On Arrangements,

" (b) On Publications,

" (c) On Eligibility.

" (a) Committee on Arrangements shall consist of not less than five members. The chairman of this committee shall be a resident of the city in which the annual meeting is to be held.

" It shall be the duty of this committee to prepare and arrange the programme of papers and discussions, and in conjunction with the Committee on Publications to prepare a complete programme for the entire session, and provide as many copies of the same as may be necessary. It shall make all other arrangements for the meeting and superintend the registration of delegates and permanent members. It shall send to the Publication Committee a report of its proceedings within one month after the adjournment of the annual meeting.

" (b) The Publication Committee shall consist of three members, one of whom shall be the secretary.

" It shall be the duty of this committee to obtain estimates of cost before printing, and supervise all publications of the association.

" (c) It shall be the duty of the Eligibility Committee to investigate the fitness of all nursing organizations applying for membership in this association. They shall report their findings to the Board of Directors, whose decisions as to eligibility shall be final.

" IX.

*" Nominating Committee.*

" The Nominating Committee shall be formed thus:

" SECTION 1. Immediately after adjournment of the morning session of the first day of the annual meeting, the delegates of all affiliated organizations present shall go into executive session, and a Nominating Committee of five shall be appointed from the floor, only one nomination to be made by the delegates of any one organization.

" This committee shall organize by electing a chairman. It shall be the duty of this committee to nominate at least two candidates for all offices of this association.

" It shall report as the first item of business at the afternoon session of the second day of the annual meeting, and election shall be by ballot at the same session.

" SECTION 2. A majority of any committee shall constitute a quorum unless otherwise provided.

" SECTION 3. All standing committees shall report annually.

" X.

*" Dues and Fees.*

" SECTION 1. Each and every nursing organization joining the Nurses' Associated Alumnae of the United States shall pay an initiation fee of five dollars for every fifty members and for every additional fraction of more than half that number. Organizations of less than fifty members shall pay five dol-



lars. This fee shall be paid by the treasurer of each organization within one month after admission into this association.

"SECTION 2. This fee shall include annual dues for the first year. Annual dues thereafter to be fixed yearly by the Board of Directors of this association. Annual dues shall be paid to the treasurer at the annual meeting.

"SECTION 3. Any nursing organization which shall neglect to pay its annual dues for any year shall not be entitled to send delegates to the annual meeting of this association of that year.

"SECTION 4. Any organization which shall fail to pay its dues for two successive years shall cease to belong to this association.

#### " XI.

##### " *Fiscal Year.*

"The fiscal year shall extend from the end of one annual meeting to the beginning of the next.

#### " XII.

##### " *Amendments.*

"Amendments to the by-laws of this association may be effected by a majority vote at any meeting, due notice of such amendments having been given one month prior to the meeting.

#### " XIII.

"Deliberations of all meetings of this association shall be governed by the 'Woman's Manual of Parliamentary Law,' by Harriet R. Shattuck."

It was moved and carried that the report be taken up and discussed.

A motion was made that the association recommend the adoption of a clause in the by-laws to the effect that a three-years' course be required in hospitals before nurses are qualified to go outside the hospital to nurse, and that all alumnae having a membership in the National Association be required to conform with this ruling.

After considerable discussion the motion was lost.

Miss Keating moved that there be a recording secretary and a corresponding secretary.

MISS DAVIS.—Our constitution under which we are incorporated only provides for one office, but the secretary may appoint an assistant at any time.

MISS McISAAC.—Madam President, I should like to ask what the society will do about the charter members. I think they should have a vote, but as the by-laws stand none is given them.

Moved by Miss Riddle, seconded by Miss Ross, that a list of charter members be printed in the constitution and by-laws, that the aforesaid members be given the privilege of voting, and that a clause to that effect be inserted in the by-laws. Carried.

The secretary moved that the clause, "Unless personally known to the president or secretary" in Article IV., Section 5, of by-laws be stricken out. Seconded and carried.

A motion was made by Miss Ross and seconded by Miss Spear that the clause "and shall have the right of debate" in Article IV., Section 1, of by-laws be stricken out. Carried.

PRESIDENT.—Is there anything further on this article? If not, we will have to defer consideration of the other proposed articles until our next executive session. We will have to take the time to-morrow morning.

The convention then took a recess until eight P.M.



May 2, 1902.

EVENING SESSION.

The president called the convention to order at eight-thirty P.M.

PRESIDENT.—The Nominating Committee has requested that the association take action to-night upon the place of meeting for next year in order that it can nominate the chairman of the Committee of Arrangements, who must be a resident of the city in which the meeting is held. What is your pleasure?

MISS RAMSDEN.—Madam President, I move that the Associated Alumnae meet in Philadelphia. Seconded.

MISS SEARS.—Madam President, Washington will give a most cordial welcome to the association. I suggest that the association hold their meeting where they can do the most good and work up the most enthusiasm. You will be most cordially welcomed to Washington.

Miss Hodgins moved that the convention be held in Boston. Seconded.

A vote was taken as to the place of next meeting and Boston received nineteen votes, Philadelphia eighteen votes, and Washington nine.

PRESIDENT.—We will listen to a paper by Miss Linda Richards, "The Entrance of the Nursing Profession into Reform and Preventive Work," which will be read by Miss Davis.

[See May number THE AMERICAN JOURNAL OF NURSING.]

PRESIDENT.—The question which interests us most to-day is that of State organization. Mrs. Bedford-Fenwick has covered the ground so perfectly in her paper as read before the International Congress in Buffalo that we feel everyone interested in the subject should hear it, therefore I will ask Miss Riddle to read the paper:

"THE ORGANIZATION AND REGISTRATION OF NURSES.\*

"BY MRS. BEDFORD-FENWICK,

*"President of the International Council of Nurses.*

"'Would'st thou plant for Eternity? Then plant into the deep infinite faculties of man, his Fantasy and Heart.'

"Such it seems to me must be the aim of any worthy scheme of organization for nurses, the inspiration of whose work is Divine, and the dutiful performance of which inevitably ennobles the worker.

"This question of the organization and registration of trained nurses has occupied my mind for many years, and, indeed, there are few subjects which can be of greater importance to any profession than those which relate to its organization and to the basis upon which its recognized membership is founded. In the case of nursing it will be generally admitted that these matters are still in an inchoate condition, although our pioneers have dug and delved and loosened the roots of many prejudices.

"As most trained nurses know, there is at present no general standard of training and certification adopted for the nursing profession. Some hold that nursing is still so infantile in its growth that it would be impossible to define a general and universal curriculum of education. Others, however, have argued strongly that until nursing education is systematized, and not only its period but its various details are accurately defined, there can be no hope for any general improvement of the nursing profession, for the simple reason that education must form the foundation on which the whole structure of professional organization is built.

\* Read at the International Congress of Nurses, Buffalo, U. S. A., 1901.



"But all nurses who have considered the question intelligently have grasped the fundamental principle that our profession, like every other, needs regulation and control, and we claim that this power of control should rest in our own hands. That in our corporate capacity we must have the right to live and move and have our being, and that it is from our own ranks that the women must step out to whom the responsibility of guiding our destinies must be entrusted,—women, strong and faithful, able and willing to maintain intact the trust imposed upon them.

"Where are these women to come from? Surely from our training-schools. The undergraduate of to-day is the superintendent of to-morrow, and it is to our training-schools that we must turn with hope for the future. In the hands of the superintendents of to-day there rests an enormous responsibility. In their wise selection of probationers, and in the example and precept they set before their pupils, they can sound the keynote of the tone of the nursing profession of the future. Now is the time to assure probationers that it is not enough that they attain technical proficiency. Unwearied devotion to the sick—obedience to medical directions—these lessons have been taught and well assimilated in the past, and have resulted in prodigious self-sacrifice and the crowning of many martyrs in the battalions of the great army of nurses all over the world. This fine devotion to duty is mainly the result of the lessons received by nurses during their training from high-minded women placed in authority over them. It is magnificent, but it is not enough. In addition to a fine example in all the domestic virtues, and in selfless devotion in the practical care of the sick, our young nurses must be inspired also with a keen sense of citizenship, so that when they leave the training-school they will be fully alive to the importance of their public and professional duties and be ready to enter their corporate life in the right spirit, the spirit which asks not what it is to receive, but what it can give, for this, after all, is the essence of professional as opposed to commercial existence. They must be taught that their predecessors have won for them privileges and liberties which are a sacred trust, which are not theirs to hold or renounce at will, but which it is their duty to jealously guard. Further, they must be fired with ambition not only to maintain the standard attained by their predecessors, but also, in their day and generation, to guide their profession onward and upward. There are heroic qualities in the modern woman which will respond to such teaching.

"Perhaps at the present time the practical is in advance of the ethical side of our work, just because in a great measure we have been so occupied in raising our standard of practical proficiency that we have had little time, and given too little thought, to the preparation of the pupil for the wider obligations which lie before her when she emerges from the state of tutelage and becomes an independent graduate.

#### "PRACTICAL ORGANIZATION.

"Experience has shown that both among men and women the best and strongest bond of union is to be found in the close ties of friendship formed by those who have been educated together or have passed through the same course of training, and who are naturally drawn together by sympathy with, and admiration for, their common Alma Mater. And thus the system so wisely inaugurated in the United States, now being also successfully followed in the United Kingdom, the union of nurses belonging to the same training-schools for mutual help and protection, offers in many respects the strongest bond, as well as the greatest incitement, to nurses to associate together.

"We may take it, then, that the units of organization in the nursing profession should be societies of nurses who hold the certificate of the same training-school, and who are therefore graduates of their profession. The exercise of the graduate vote would thus enfranchise professionally each certificated nurse, and it would become the aim of every probationer not only to obtain the certificate of her school, but admission to membership of its league.

"Whilst realizing that combination is the best means of effecting organization and reform, the weight of our nursing societies does not depend upon their numerical strength, but on the vital force and courage of their individual members. Spirit is an intangible thing. Anatomists tell us they dissect a body and do not find it. But it is indisputable that the great movements which stir society from its very foundations are invariably produced by the workings of the living



spirit of man. Such great movements usually owe their impetus to one of those master spirits endowed with the genius, energy, and confidence which fit a man to wield these moral forces; to reveal to his age the wants of which it had but a dim and perplexed consciousness; to interpret to it its own confused and half-formed opinions, and to give them shape, compactness, and strength.

"For some time to come there will remain a large body of nurses, working in various branches of nursing, who are not eligible for association in connection with the large training-schools. In England hundreds of these practical workers are engaged in private and district nursing, and in organizing our profession some means must be found to associate together this large number of workers. How is this to be done? Why not by forming a National League of Nurses, composed of delegates representing each training-school society, and also of delegates from professional association of nurses, formed for the benefit of nurses, who hold the approved qualifications of training?

#### "A NATIONAL COUNCIL OF NURSES.

"Having by delegation formed a National Society or League of Nurses, it would appear to me to be desirable to advance organization still further by affiliating together in a federation of nurses, preferably called a National Council, representatives of the matrons' and nurses' national societies in equal proportions. Thus a council of nurses might be formed in each country representative of every nursing interest, which would be eligible for affiliation with the International Council of Nurses, so that in a very simple manner every graduate nurse would have voting power direct or through the chosen delegate of her training-school league in the National League, and also in conjunction with the superintendents in the National Council, and yet still further in the International Council of Nurses.

"The National Council would act as the supreme representative of the nursing profession in its own country; would be able with united power to make representations to the government of the country on all nursing questions; it should organize a Parliamentary Department, and so focus and coördinate the local influence of every one of its component societies, and through them the personal influence of every individual nurse with members of the Legislature, that in any act dealing with or relating to nursing matters the interests of the nursing profession should be completely protected and safeguarded.

"Finally, through its representatives upon the International Council it would obtain and disseminate throughout its own country, for the information and instruction of its component societies and their members, news of what is transpiring in the nursing profession, and of all that tends to the improvement of nursing in every other country in the world.

"And so we arrive at the crown and apex of the organization, as I have sketched it out.

#### "THE INTERNATIONAL COUNCIL OF NURSES.

"The objects which it is hoped this new body will be able to attain in the future will be to draw together the nursing councils of the different nations; to diffuse among them professional information from each country which will be useful to all; to unite together and thus strengthen the efforts for professional improvement which may be made in any country by the assistance and advice of the nurses in other lands.

"And, above all, to arrange for the holding of international congresses in different countries on the same grounds as those which have made such meetings so valuable in the past, for the general consideration of important nursing matters, and for the determination of questions which are of common interest and importance to the nurses in every country. Such, then, in brief, are the suggestions which I would make for the organization of nurses, each country, of course, carrying out the principles by its own methods and by details which seem to each to be most appropriate.

"Passing on now to the second branch of my subject,

#### THE REGISTRATION OF NURSES,

I would suggest a measure in broad outline which would, I imagine, be easily adaptable, and with variation of details equally applicable to every country.



"It being admitted that the nursing of the sick is a matter which closely affects every class of the community, and that it is therefore of extreme importance to the public welfare that those who undertake the responsible duties of sick nursing should be not only absolutely trustworthy from a personal point of view, but skilled also in their technical duties, it follows that it is the duty of the State to provide public safeguards in this matter. It is therefore suggested that the Legislature in each country should pass an act forming

#### A GENERAL NURSING COUNCIL.

This body should be empowered to deal with all educational matters affecting nurses; that is to say, to define the precise curriculum through which every woman must pass before she can be certificated as a trained nurse.

"It must define the period of her training and the subjects of her education; and no nurse would then be permitted to offer herself for examination until she produced a schedule duly signed by the matron of her training-school testifying as to her general good conduct and practical proficiency. And by the lecturers upon the different subjects in the curriculum testifying that she had attended the regulation number of lectures and demonstrations on each subject.

"It would be the duty of the General Nursing Council to appoint examiners and hold examinations, and to grant to candidates who passed those examinations a State diploma in nursing.

"It would be the duty of the Nursing Council to register nursing qualifications.

"It is probable that it would call into existence nursing colleges to facilitate its educational work.

"The first result, therefore, of the appointment of such a council would be that a uniform system of nursing education and a uniform standard of qualification would be established throughout the country in question, because, it is almost needless to add, the Nursing Act would make registration essential as a qualification to practice, and no one would be permitted, under heavy penalties, to term herself a trained nurse or to take any fee or reward as such unless she were duly registered.

"Then, again, it would be the duty of the General Nursing Council to strike off from their list the name of any registered nurse who proved herself to be unworthy of trust and professional confidence.

"So, on the one hand, the public would be protected against the ignorant and inefficient persons who now can term themselves trained nurses, can obtain the most responsible work in that capacity, and so bring danger to the sick; and the nursing profession would be protected against those members of the calling who bring discredit on its fair name and on all their fellow-workers. It would be the duty of the Nursing Council to publish each year a complete list of its registered nurses, showing the names and addresses, the date of registration, and the nursing qualifications possessed by each nurse in parallel columns against her name, so that in future any person desiring information on the subject could, by reference to the register of trained nurses, ascertain at once with certainty whether any given person were or were not a trained nurse and, in the latter event, precisely what nursing qualifications she possessed.

"Then we come to the constitution of the Nursing Council. Without going into arguments which would be out of place on this occasion, I would briefly say that the council should be constituted so as to represent the different interests involved. First, the government of the country by established custom demands its own representatives on such a council. The training-schools of the country should possess representatives who would be of the greatest possible practical assistance in the determination of the great educational questions with which the council would be called upon to deal, and the registered nurses themselves, whose interests would be those most involved, should, I consider, be given an ample representation, and should be entitled to elect by ballot a certain number to represent them on the General Nursing Council of their country.

"With regard to its finances, I consider that every nurse should pay a substantial fee for registration and a small annual amount each year. The object of this latter payment requires perhaps to be explained. It would not only provide the council with a large permanent income for its working expenses, but it would



compel the nurse each year to give her present address, a matter the importance of which, in the case of such a profession as nursing, and for the correct keeping of the register, need scarcely be insisted upon. Indeed, I fear that if this measure were not adopted, so many nurses would neglect to give their changes of address, and so many would die or marry or disappear without the knowledge of the registrar, that the register would speedily become hopelessly incorrect, and therefore utterly unreliable. But a further object and advantage of the annual fee would, to my mind, be that the Nursing Council would thereby be provided with funds to enable it efficiently to protect the public against nursing quacks, and to protect the registered nurses against oppression and injustice, by means of a legal prosecution in the first place, and of legal defence in the second.

"I must trespass no longer on your attention. I thank you for the courteous hearing you have given me. I have endeavored to deal with general principles on which a common ground of agreement may be found, rather than with details on which differences of opinion are certain to exist. I only hope, and that most earnestly, that the deliberations of this Congress on this vitally important question to our profession may result in the determination of some common ground of action on which we shall all be agreed, for which we can all cordially work together, and which shall in the future bring about the best possible system, whatever that may prove to be, of organization for the nursing profession and of State registration of trained nurses."

PRESIDENT.—Several of our States have already organized for the purpose of securing registration, and we will hear from some of their delegates. Mrs. Stephens, of New Jersey, a member of the Orange Memorial, has prepared a paper which will be read by Miss Spear, of the Paterson General.

Miss Spear read the following paper:

"The idea of State registration is of such recent growth, and its importance is so little realized by the great majority of the nursing profession, that it becomes the duty of those who have entered into the spirit of the movement and foresee its manifold advantages to preach a crusade which will draw every member into the ranks. Much hard work will be involved, as we have prejudice to overcome, ignorance to enlighten, and general apathy to fight against. A large majority of workers have been contented with their present status, closing their eyes to the needs of their less fortunate fellow-workers. The most successful have been satisfied that no change should take place, and have failed to observe the signs that in the future something more will be demanded than the certificate which gave them their places in the nursing profession ten, fifteen, and twenty years ago. Nothing is standing still, and few things have moved with more firm footsteps than the advancement in skilled nursing; and with so wide a field open to all competitors, there are broad gaps through which have entered, and will continue to do so in increasing numbers, those who have no more right to stand side by side with us than has the medical student who has failed to satisfy his examiners to practise his profession, or those professors who go by the name of quack doctors. Surely the standard of graduate or trained nurse should be equally lofty and above reproach. It is not intended, by any means, to belittle the services which an untrained nurse can render in the homes of those unable to afford the skill of the thoroughly educated and equipped graduate from our many and excellent training-schools, but there must be a very distinct line drawn between the class who pick up their knowledge partly by the instinct that is supposed to lie dormant in the 'born nurse' and partly buy or gather their experience from each new patient who employs them, and the woman of education and culture, who is best fitted for the work, with her natural love and aptness, who gives up three or more years wholly and entirely to perfecting the skill which she will bring to bear upon carrying out intelligently the orders she knows how to receive. We have much to do in awakening ourselves, the general public, and, let me add, last, but not least, the medical profession also, to the need that exists for uniformity and organization, and we shall find great difficulty in the apathy of the mass until we can answer to their satisfaction the cry which carries with it such a selfish tone, 'What good will it do me?' Let us rather demand, 'How can we best help others by this move-



ment?' The more it is thought over and talked about, the more clearly will reasons present themselves answering the question if we will but keep the gain to ourselves equally balanced with the profit to others.

"Let us put forward the dignity and advancement of our calling. Let us never be contented with what *has* been, but look on to what more can be done. Only a few years back the number of eligible nurses was limited; now we have to compete with ever-increasing classes, who graduate year by year from all kinds of schools and under all kinds of conditions. When we think that these things are drawbacks which will not grow less, we must see that uniformity and organization are needed to maintain a just balance, and that nothing short of registration—that is, State registration—is going to accomplish the end in view, and as each State regulates its own public affairs, so will each State form its own organization, demanding the right to take its own professional standing and to be protected from those who sail under false colors. At present a costume is accepted as an outward and visible sign of proficiency, no matter what lack of credentials exists. The family accepts the person who presents herself to care for their nearest and dearest, and many times, in the anxiety of the moment, no questions are asked, and if the case goes favorably, all well and good, they are satisfied, and even if they should subsequently find out she was not all they expected, she was good enough, perhaps, to be employed again. But that is not enough for us. Let the doctor who engages her or the friend who recommends say fairly and squarely just what her status is, as given faithfully by herself, and let her not borrow the items of a costume to masquerade as a trained nurse. By all means let these women be employed where it is desirable; but the public must be educated to appreciate the difference, and the untrained assistant must take a distinct and separate level, as unskilled labor will do in the markets of the world. A State organization with its well-considered constitution and by-laws places all its members on a plane of equality that cannot be travelled by those who remain outside, and by rigidly maintaining among themselves the highest standard of proficiency, it will be but a question of time before the strength of its position will eloquently speak for itself, and if there be any truth in the adage that the best always comes to the front and that there is always room at the top for the best, it will be found without doubt that the old order has passed away, and that when people have learned to know where the best can be found, they will not be satisfied with inferior aspirants of doubtful antecedents who can produce no certification of competence or character, and it is to be hoped that the distinction will be so clear and well defined that we will no longer be judged side by side with those who are acknowledged to be untrained or those who have even been summarily dismissed from their respective places of training. In all this we must be honest and true workers, laboring for the good of the many, with the future well before us, and the honor of our particular school and State writ large in our hearts; then we shall not fail in our endeavor to better our cause and raise the standard of the nursing profession to the highest point attainable."

PRESIDENT.—We will now hear from Illinois, Miss Pickhart.

Miss Pickhart read the following:

"Since Mrs. E. B. Hutchinson, president of the Illinois State Association, and I are members of the same association, I beg that she, being better informed, give an outline of the work attempted and accomplished in Illinois. However, I would like to ask every nurse present, whether organizing or joining a State association, to have a copy of Mrs. Bedford-Fenwick's most excellent paper at hand. I will repeat what Mrs. Fenwick tells us, that 'the basis upon which the recognized membership is founded must be clear.' Let this be well understood, for we must know *what* we want. Fairness to the average nurse and the ability to point out to the public the practical application of our efforts certainly must bring us support. We cannot adopt methods adopted by other professions, but I think if every step is given ample time, if the work is done by women who have a true appreciation of the ethical side of our work, we can see the possibility of a result. Mrs. Fenwick further tells us that 'the weight of our nursing societies does not depend upon their numerical strength, but on the vital force and courage of their individual members.' We must look for these in our own



ranks, and when the standard has been defined we may hope to see our great wish fulfilled. May every woman interested in the education of nurses begin by instilling the probationer with a feeling of obligation which goes far beyond her hospital and personal duties, and the teaching of to-day will make better women, nurses more helpful members of society, and State registration possible."

PRESIDENT.—We should like to hear from Mrs. Hutchinson, president of the Illinois State Association.

Mrs. Hutchinson addressed the convention as follows:

"THE WORK OF THE ILLINOIS STATE ASSOCIATION OF GRADUATE NURSES.

"The desirability of State registration for graduate nurses is unquestioned by all who wish to see trained nursing raised to a profession, not only for the benefit of the nursing world, but as a safeguard to the community at large, whose only means of recognizing a nurse is by her uniform, the wearing of which is assumed by all sorts and conditions of nurses. With the great strides that have been made in medicine and surgery during the past decade there has been an increased demand for technical knowledge and training on the part of the nurse. In order to intelligently carry out the instructions of the modern physician, a specialization is necessary which was not required some years ago. In the case of such common diseases as typhoid fever and pneumonia, which run a definite course irrespective of any treatment ever proposed, the painstaking scientific nurse requires a thorough knowledge of hygiene, dietetics, baths, and sanitary science.

"That the public may have the benefit of this professional nursing is one of the prime objects of the legislation sought. With this sentiment abroad in the Alumnae Association of Illinois, the graduate nurses have been impelled to take steps to procure recognition by the State. The first movement looking towards the above result was taken when in response to a general invitation a mass meeting of one hundred and eighty nurses, representing many training-schools, met in the Masonic Temple, Chicago. The present Illinois State Association is the outcome of that meeting. A constitution and by-laws have been adopted by the association. The article claiming most of our time and attention relates to eligibility for membership. This has been freely discussed among us, with the recommendation from a special committee that a 'two-years' course in a general hospital of not fewer than fifty beds and where systematic courses of instruction are given' should be the minimum of requirement. This question will come before the association for a vote at our next meeting.

"The subject of admitting nurses who have had less than two-years' training, but who by virtue of years of experience might be considered eligible, has been discussed, but no decision arrived at. In order to obtain any legislative sanction a bill looking to State registration would have to include a provision stating that the above provisions, regardless of what they were, would not apply to those nurses already engaged in the practice of nursing who held a diploma from any training-school competent to issue such a diploma. Any legislative measure which did not include this latter provision would be in the nature of an 'ex post facto' law, and would certainly be bitterly contested and undoubtedly, if passed, would be vetoed or reversed by the courts. This view of the question seems just when one recollects that those women fulfilled the requirements existing at the time they graduated, and that through the pioneer efforts of these same nurses we are now able to demand a standard so much higher.

"The plan adopted in England of incorporating in the proposed bill a specified time in which these nurses could apply for a license to practise in the State seems eminently fair. I should say, however, most emphatically that this would not apply to those persons who had never entered a training-school, or who, having entered one, had not completed the course.

"Whether membership shall be composite or individual has not been fully determined upon. The balance of opinion is for individual membership in this State, as the outlying training-schools are very few, and this seems the only plan upon which the nurses could be brought together. We have been admitted to the Illinois Federation of Women's Clubs of the State and have been endorsed by the prominent women's clubs of the State. The best newspapers of the city



have aided us by endeavoring to create a sentiment in favor of this movement throughout the State, so that the bill will be more intelligently received when presented for passage. We have official action from all the medical societies of the State. While this object may be gained by our united efforts, only universal *esprit de corps* and determination on the part of the nurses to keep the standard high will make recognition by the State worth while.

"We, the members of the Illinois State Association, look forward with pleasure to the coöperation and assistance that must be felt from contact with the broader experience and knowledge of this national body."

PRESIDENT.—We shall be glad to hear what Virginia is doing if Miss Cocke will be kind enough to tell us.

Miss Cocke spoke as follows:

"Though Virginia was, I believe, the second State to follow the lead of New York in the organization of a State Nurses' Association, we are moving very slowly in our work and feeling our way very carefully as regards legislation, fearing to injure the cause we have at heart by any unwise or hasty action. Many of our legislators are 'old-fogies' in their ideas, and the measures we present in our application for a charter have to be carefully framed, else they will be vetoed in the start.

"As far as the nurses are concerned, all who have been approached are interested in the scheme for the State Association and ultimately State registration, but the nursing profession in Virginia needs an impetus and uplifting upon more advanced lines of education. So far the majority of women in the State have entered the field mainly as a means of self-support, and in the effort at wage-earning fail to realize and carry forward its higher ideals. This is more their misfortune than their fault, and it is through the State Association that we are trying to reach the individual nurse and call her attention to what the nursing profession means to its members and requires of them.

"At present members are admitted upon rather a liberal basis, but we propose to adopt stricter rules and admit only those holding diplomas from training-schools which give a three-years' course.

"The objects of the State Association are those embodied in Article II. of the constitution of the Associated Alumnae,—viz., to establish and maintain a code of ethics; to elevate the standard of nursing education; to promote the usefulness and honor, the financial and other interests of the nursing profession, and ultimately to obtain registration."

PRESIDENT.—The report of New York State was written by Miss Dock. She is unable to be present, and it will be presented by Miss Keating, of Buffalo, also a member from New York.

Miss Keating read as follows:

"It seems to me important that in beginning to legislate we should set our wishes and aims in two columns,—those which are possible through the law, and those which are impossible. That will prevent us from imagining, or letting others imagine, that all the abuses existing in our profession will be at once corrected when we get a nursing law passed.

"There are certain important things which we can reach through the law. There are others, more important still, which we cannot reach thus.

"We must decide on the most fundamental *possibility* of the law and work for that, yet always recognizing its limitations.

"The fundamental possibility of law is that we can through it affect and improve the course of training given by training-schools. We can work for that, and we must.

"The limitation is that not through or by any act of legislation can we make an *ethical* and *honorable* woman. That is the impossibility; and so, after all our work in lawmaking is done, we have only effected the *lesser* thing, and left the greater untouched, for the *woman* will always be the *most* important thing,—more important than her education,—though we realize the great importance of that.



"Let us not imagine, therefore, that we shall put the unethical nurse out of existence by getting legal status. We can only eradicate her by a slow process of moral force, moral and ethical education, and the stimulation of high standards upheld by the organized body of nurses. If we could feel sure that *only* the discarded probationer or the spurious nurse did the deeds of ill-repute, we could fondly hope that everything would be done when we got legal status. Unfortunately, we all know that discredit is sometimes brought on our profession by those holding an irreproachable diploma.

"The two forces must therefore work side by side to attain the best results; on the technical side, the power and authority of the law; on the ethical side, the moral force of the head of the school, her assistants, and the whole army of those who are serious-minded and proud of their calling."

PRESIDENT.—We now have a half-hour for discussion, and I hope all the members will express their views very generally upon this subject. What are they doing in Massachusetts?

MISS RIDDLE.—Madam President, they are moving slowly. I have just been informed here to-night that the members of the medical profession were thirty years in getting State registration in Massachusetts. What do you think of our prospects?

PRESIDENT.—Is Pennsylvania moving as slowly as Massachusetts, Miss Rudden?

MISS RUDDEN (University of Pennsylvania Hospital).—They are moving very slowly in our county associations, but we have not got as far as the State yet. The club-women of Philadelphia do not approve of nurses' clubs.

A DELEGATE.—The doctors of Philadelphia have not only said they were in favor of it, but they will help us get State registration.

A delegate from Virginia said that was also the case there.

MRS. HUTCHINSON.—A representative from Philadelphia said she thought that the club-women thought that the nurses were born nurses and not trained nurses. I don't think so at all. It seems to me if the doctors give the untrained nurses the backing from the start they will always have their following, and they will engage them whether we have State registration or not. I would like to have the opinions of other nurses.

MISS DAVIS.—Madam President, conditions ought to be brought about to give the *trained* nurse a legal status, without throwing anybody out of work,—the untrained nurse can always get work,—to keep the trained nurse in her proper place and give her a proper status in the eyes of the law that she does not have now at all. We are not asking to put these women down and not give them work. Let us get State registration to give *us* our proper status.

MISS RIDDLE (Boston City Hospital).—I think the last speaker has struck the keynote. Moreover, by doing this you do not antagonize the people who are in favor of the untrained nurse, and the less that these people are antagonized the more certain our prospects of success. (Applause.)

PRESIDENT.—We would like to hear from any others. If there is nothing further to be said, this brings our meeting to a close for the evening.

The convention then adjourned until the next morning at nine-thirty.

*Saturday morning, May 3, 1902.*

### THIRD SESSION.

PRESIDENT.—We will begin an open discussion on subjects suggested by members. Some have already been sent in and the secretary will furnish one for discussion.



The secretary read the following:

"The instruction by the superintendents of pupil nurses in their duties to the *alumnæ* associations of their schools."

PRESIDENT.—This is an open meeting, and we would like to hear from everyone who has any ideas to express.

MISS SONN (Illinois Training-School).—Madam President, our superintendent has included in the last year of the training some literary work instead of so much class work. We have a regular course in the duty of the nurse to her *alumnæ*, and she devotes at least two or three weeks to that study, and we are supposed to look up the subject, and she gives us all the information she has been able to get from her experience, which is very extensive in that line.

MISS CADMUS (Presbyterian Hospital, N. Y.).—Madam President, this idea is incorporated in the third year of instruction in the Presbyterian Hospital of New York.

MISS SMITH (Farrand).—It is part of the course at Farrand.

MISS RAMSDEN.—Madam President, the Pennsylvania Hospital has a class in parliamentary law and instructs the pupils as to their duties towards the *alumnæ*.

Miss Ramsden also said that nurses in order to become members of the Alice Fisher Club were obliged to be members in good standing of the *alumnæ*.

SECRETARY.—It seems to me a great mistake to make the joining of an *alumnæ* association compulsory for business ends. The pupils ought to be instructed on a different basis entirely.

MISS RAMSDEN.—Madam President, there is no registry connected with the Alice Fisher Club. It is simply a nurses' boarding-house, where the nurses belonging to the *alumnæ* wishing to live together can do so at very reasonable rates—at almost cost price.

PRESIDENT.—Any other expressions on this subject?

MISS PALMER.—Madam President, I think if you will go back a little you will remember that the first national organization of nurses to be formed in this country was the Superintendents' Society, the initiatory work for which was done in this city in 1893. With the Superintendents' Society as an inspiring cause, the different *alumnæ* associations have been formed very largely, and from the Superintendents' Society came the first movement towards the organization of this Associated *Alumnæ*. I know that in connection with the work of the JOURNAL those nurses whose superintendents have been interested are the nurses who have subscribed the most readily, and I know that in those schools where the superintendents have been interested in the *alumnæ* associations, the *alumnæ* associations have done, I do not hesitate to say, the best work. Of course, I know that there are a great many superintendents who are not doing their duty by their graduates or their *alumnæ* associations or by their JOURNAL or by any of the public questions, but the great majority of them do work very hard for their graduates and for different organizations. They do an immense amount of work, for which they are not paid anything, but they do it in the face of a great deal of criticism and fault-finding from the graduates. I don't question at all the fact that many superintendents do not do their duty, but I do not hesitate to say that the great work that has been accomplished in this country up to the present time comes from the hard work of a small group of superintendents who are working all the time for the welfare of the nurses at large.



PRESIDENT.—We will call for another subject for discussion.

SECRETARY.—“The injustice and inhumanity of keeping nurses on night duty for so long a time as is the custom in many small hospitals.”

MISS DAVIS.—I would like to ask what is meant by length of time?

PRESIDENT.—Will any person open the discussion?

MISS KEATING.—Madam President, I don't know anything about the society that suggested this topic, but quite recently I heard of a hospital where nurses were kept on night duty four or five months continuously.

PRESIDENT.—If there is no discussion, we will call for another subject.

MRS. CUTHBERTSON.—Madam President, “The advisability of club life for nurses.” The St. Luke's Alumnæ Association beg to submit the following short paper:

“THE ADVISABILITY OF A CLUB LIFE FOR NURSES.

“The question before us at the present time is whether a club life would be an advantage to a nurse or not, and from our stand-point we think there can be but one answer to the question, and that is emphatically ‘yes.’ First of all, let us consider the actual living expenses of the average graduate nurse. Her necessary expenses must at the least amount to from three hundred and seventy-five dollars to seven hundred dollars a year. After careful consideration we think the following estimate is a fairly correct one: Room and telephone, one hundred and twenty-five dollars; washing, seventy-five dollars; carfare, twenty-five dollars; dues, paper, stamps, twenty-five dollars; necessary clothing, one hundred and twenty-five dollars, making a total of three hundred and seventy-five dollars. Many nurses find it impossible to keep other expenses within that limit, and if the nurse should have much contagious work, doubtless she would greatly exceed that amount.

“For the above expenditure the nurse usually gets a very indifferent room, frequently unappetizing meals, and, as a rule, has no place where she can entertain a friend, even if she is willing to pay for the privilege.

“The average time that a nurse is able to work is ten years, and, as a rule, long before that limit is reached she finds that she is compelled to take longer periods of rest between her cases and to stay off duty for one or two months at a time. We are speaking particularly at present of the nurse who has devoted herself to private duty. We must also remember that a large majority of nurses have someone partially or entirely dependent on them for support. Consequently we see how difficult and in many cases impossible it is for a nurse to be able to lay aside any money for a rainy day or to provide for advancing age. Surely there must be a way to reduce the expenses of living, and we think a properly organized club would be the most successful way of doing this. We need a place where we may have the freedom and comfort of a well-managed home, where we can have pleasant social intercourse, and where we may have opportunities of keeping ourselves abreast of the times and in close touch with all the advancements made in our profession. If such a club could be organized with rooms for transients and others who wished to have a permanent home at moderate rates with reading-room, a library, reception-hall, and dining-room, with meals at moderate rates, it would prove an enormous advantage to us who are of the nursing profession.

“If the nurses as a whole approve of such a course, we suggest a committee be formed of three nurses from each recognized alumnæ in Chicago to discuss the question and to make plans for carrying on such a club as soon as possible. We make no suggestions as to the carrying out of the plan, for we believe the committee made up of representative nurses are the ones who will be able to formulate a scheme to give a real home where the best interests of the nurses will be considered and fostered.

(Signed)

“ST. LUKE'S ALUMNÆ ASSOCIATION.

“April 30, 1902.”

PRESIDENT.—We would like to hear from nurses who are living in clubs.

Miss Douglas, of the Old Dominion, said that they had found that where



nurses have clubs established it had reduced their expenses and helped them, for as they come together they learn different ways of nursing. She thought it was a much better plan.

PRESIDENT.—There are several clubs in New York. Are there any delegates from there who can speak on club life?

MISS DUNCAN (New York Hospital).—Madam President, while I am not personally in any club, we have one that we consider very improving. It is carried on as much like a large family as we can possibly make it. Altogether, the club connected with our alumnae is one of the most pleasant features.

MISS JONES (University of Maryland).—Members can live more reasonably and have more comforts than in an ordinary boarding-house.

MISS SLY (Farrand).—Madam President, we have five or six clubs in our city. They meet with the hearty coöperation of the doctors, and, speaking briefly, I can say they afford a very satisfactory home for us and reduce our living expenses greatly.

MISS VAN METER (Bellevue).—Madam President, may I ask, do they have their individual room alone or one large dining-room, like a large boarding-house, or do they have apartments and absolute privacy and some few things on a small scale and more individually?

MISS JONES.—The University of Maryland has a general dining-room. There is a club of twenty-six members. There are some single rooms, but as a rule in the larger rooms there are two nurses—generally friends who prefer to go together, and they don't have separate dining-rooms or separate apartments.

Mrs. Cuthbertson, of St. Luke's, Chicago, inquired what the expenses were per week.

MISS JONES.—Five dollars a week. I have never lived at the club, but they are very comfortably fixed and have good meals, and all living there are very much pleased. I don't live there, but I have been there a good deal.

SECRETARY.—Madam President, could we hear from Miss Riddle about the proposed club-house in Boston? We have heard a great deal about the plans, and it would be interesting to hear how it is coming on.

MISS RIDDLE.—Madam President, we have in Boston what is known as the Boston Nurses' Club, made up of graduate nurses of all recognized training-schools, the members of which happen to be in the city or happen to wish to live in the city. This club maintains a registry, gives a course of instruction to its nurses throughout the winter months, and furnishes reading-rooms where are all the periodicals, newspapers, and so forth. We have not yet had a living-place within the club. We are considering it very seriously just now. We have had a proposition made to us by a syndicate to build a club-house in one of the most prominent parts of the city, but the plans are on such an immense scale, and the expenses bid fair to be rather great, so that we are now hesitating. The site proposed is in what is known as The Fenway and is out of the reach of car lines, far away from railroad stations, though a very delightful place to live in. We hardly think we can move so far out of the city, otherwise, no doubt, our club-house would be in process of construction now. This syndicate is to build this house, if we take it up, according to our ideas of what the plans should be, otherwise it will be built as an apartment-house. We are thinking now of taking a house on a smaller scale in the business part of the city, where we will have ordinary rooms, etc.; nurses will find it more convenient to drop in than they would in this house in the Fenway, though that



would be a very delightful place in which to live; so we are only waiting until we can decide upon the house. It seems to be the principal thing just now.

MISS PALMER.—Madam President, the point that has been principally emphasized by the members who have spoken upon this subject has been that of expense. I would like to ask those members who live in club-houses what advantages they enjoy from the social side.

PRESIDENT.—Is there anyone who wishes to speak upon that subject? What advantages do you have in living together over living isolated in rooms apart from other nurses?

MISS DUNCAN.—I think they enjoy in our club-house just what they enjoy in their own families. If they wish to invite any of their friends there, they can do so. Speaking about individual rooms, in our club-house we have some small rooms which rent for from two dollars and fifty cents to three dollars a week, and perhaps as high as four dollars. Then there are perhaps three or four nurses who club together and occupy a large room. Two nurses are not generally at home at the same time, and altogether it makes it very pleasant.

MISS DAVIS.—Madam President, may I ask the last speaker if she means that they can invite their friends to this club and have them occupy a separate room without extra expense?

MISS DUNCAN.—They occupy the rooms with their friends—invite them when their partners are not in. This, of course, is under the control of the Board of Directors. Any person invited for over a week must receive the permission of the Board of Directors.

MRS. CUTHBERTSON.—Madam President, may I ask the members who have clubs how the finances are managed; how much of a working force is required; if a nurse attends to the business or if a housekeeper is employed to take charge of the house, and also the dining-room?

MISS JONES.—They have a housekeeper who employs different servants. I think they have three servants. A housekeeper has entire charge of the house-keeping.

MISS DUNCAN.—Madam President, the superintendent has charge over the whole house—in fact, of the two houses. We started one and we found it to be such a success that we opened a second one next door. We have two maids and a cook, and that is all that is necessary.

MISS BROCKWAY (of Hull House).—Madam President, at the Jane Club they elect their officers. These officers in turn employ the maid and servants about the house. This club is run by working-women who are away all the time, but they find time to run it themselves and it does away with the objectionable matron.

PRESIDENT.—If there is no further discussion on this subject, we will call for another.

MISS DAVIS.—Madam President, there has always been a good deal of talk about the nurses' boarding,—not about their rooms—they pay for the rooms whether they are in them or not, but about paying for their meals whether they are at home or not. I would like to know if anyone knows anything about that part of it—whether the incomes of these clubs come anywhere near paying their way.

MISS BROCKWAY.—The Jane Club members pay three dollars a week. That enables them to pay all their expenses. Occasionally they run behind in their



coal bill, and have had to make a special assessment, but otherwise the three-dollar fee covers the expense.

MISS DAVIS.—What I want to know about is where nurses go out for five or six weeks and then come home a day or two, whether it is a paying venture to have a restaurant for nurses in clubs.

MISS ROSS (Johns Hopkins School).—Madam President, in the Johns Hopkins Club members pay for the meals if they are in. It does not pay, but it covers expenses. If a nurse says she will be in to dinner and is out she pays for that dinner, because it has been prepared for her. In that way it covers the expenses of the housekeeper's meals. There is no money made out of it.

MISS STONE (Presbyterian, New York).—We manage to pay expenses at our club. The nurses order their meals in the morning and pay for those meals whether they are in or not. The meals are eighty-five cents a day.

MISS RAMSDEN.—Madam President, I had occasion to make inquiries in Philadelphia about the different club-houses, and I found on each occasion that they did pay expenses and that the meals paid for themselves, but no more, I believe. The charge for the meals was fifteen cents for breakfast, fifteen cents for lunch, and twenty-five cents for dinner.

CHICAGO DELEGATE.—I don't know of a club in Chicago, but there are a great many nurses in Chicago who occupy flats. There will be eight, ten, or fourteen nurses who will take a flat and hire a housekeeper, and the housekeeper will have charge of the expenses and the running department of the house entirely, and the nurses pay for their meals while in, and while they are out they have no expense but to pay for their rooms.

PRESIDENT.—Is there anyone who can give us an outline of the Nurses' Hostel in London, which I believe is entirely different from any club-house we have here?

MISS PALMER.—Madam President, I have not the plans very clearly in my mind, but as far as I can remember I think the Nurses' Hostel is run more on the plan of a hotel. They have general parlors and dining-rooms, the nurses pay for their rooms when they are in, but when they are not in they have no expense at all. Those who heard Miss Wood speak at the meeting in Buffalo will remember that she is the proprietor of the establishment. That is her business. She carries on this house. Its nurses must show certain credentials in order to be recognized, and she carries on this establishment on exactly the same basis as a hotel, and it is said to be not only self-supporting, but a profitable means of livelihood for her.

MISS KEATING.—Madam President, I would like to ask Miss Palmer—she says the nurse is at no expense when she is out—if that means that her room may be occupied by someone else while she is out?

MISS PALMER.—I understand it so. She does not keep a room except when she is there. When she comes in a room is apportioned to her. I suppose there is some arrangement for keeping her belongings.

MRS. CUTHBERTSON.—Madam President, the members of the club have lockers in which their possessions are kept when they are away.

PRESIDENT.—Their mail is always taken care of and sent to them, but there is a storage-place for their clothes. We will go on to another subject now.

SECRETARY.—Madam President, this is a subject I suppose belongs to the Superintendents' Society, really, but perhaps somebody can answer it: "Is there a uniform method of keeping superintendents' books?"



PRESIDENT.—Perhaps a superintendent could answer yes or no.

There were no replies to this query.

SECRETARY.—“The question of annuities and insurance against illness among nurses.”

Miss Duncan favored endowment insurance rather than savings-banks, as it could not be withdrawn.

Miss Tweeddale (Long Island College) thought nurses might take advantage of the benefit societies organized by the alumnae associations.

Miss Frederick (New York) said the dues of that society were five dollars per year, giving an allowance of ten dollars for six consecutive weeks.

Miss Dunlop (Presbyterian, Philadelphia) reported a benefit fund giving ten dollars a week for six weeks.

Miss Rudden (University of Pennsylvania) said their society had organized a benefit fund about eight years ago, and the annual dues were six dollars, or fifty cents a month, and if a nurse is ill she is paid five dollars a week for thirteen weeks.

Miss Rudden also expressed the opinion that even the best-paid nurses were unable to save enough to retire on in old age, and that the interest that might be received on the savings of the nurses would amount to very little.

Miss Davis said that a nurse should have at least ten dollars a week income to live on, and that one could judge how much money she would have to have deposited to bring that income at three per cent. per annum.

Mrs. Cuthbertson gave it as her opinion that it was very easy to get five per cent. on money by proper investment. She said it was not a difficult matter to find business men or friends who could recommend to the nurses good, safe investments.

MISS CADMUS.—Any nurse may go to the national banks for advice, and I think it will always be given her cheerfully.

MISS PALMER.—I happen to have met a number of nurses recently who had taken out insurance policies, and after paying their premiums for some little time were unable to go on with them, consequently they lost all they had put in and had nothing to show for it in any way; and I have also heard of several women who have taken out ten-years' or twenty-years' insurance policies with certain promises in regard to the settlement at the end of that time, and when they came to make that settlement with the company they did not receive the amounts which they had been promised. There seems to be a great deal of uncertainty in all of those things. I don't think we can be sure that any one investment that we make is going to come out absolutely as we plan it. We certainly cannot be sure of railroad stocks. I think each person should make the best investment that seems wise to her and take the chances of success in the future, as men do.

PRESIDENT.—We cannot take very much longer for the open discussion. Are there any other subjects of general interest that have been suggested?

SECRETARY.—Madam President, there are no more.

PRESIDENT.—If there are no more subjects to be brought forward in the open session we will now adjourn the open session and the delegates will remain for the executive session of the morning.

All of the visitors retired, and the delegates went into executive session.



## EXECUTIVE SESSION.

PRESIDENT.—You will understand that this meeting is only for charter members and delegates.

The first business will be the acceptance or rejection of any of the reports presented yesterday. We will take up Miss Dock's suggestion to discontinue the printing of the annual reports separately, only reporting through the JOURNAL.

The secretary read the document from Miss Dock relating to yearly reports. (See correspondence, page 757.)

PRESIDENT.—What will you do with this? Do you wish to make a motion with reference to the adoption of it—as to the printing of the report? Will someone make a motion? Then it can be open for discussion.

MISS ANDERSON.—I move this suggestion be adopted.

Seconded by Miss Duncan.

PRESIDENT.—It has been moved and seconded that this suggestion be adopted, that we discontinue the printing of the annual reports separately. The question is now open for discussion.

MISS ROSS.—I would like to ask the editor if it would cost more to publish the magazine in which the reports are published than if the Associated Alumnae met the extra expense.

MISS PALMER.—Madam President, we have for the last two years published the proceedings of the society, as you know, in the JOURNAL without the lists. It does add something to the cost; I cannot tell you exactly how much, because we have to a certain extent lessened the reading-matter in those numbers. What has made the great cost of publishing the annual reports this year has been the twenty pages of names that have to be set up in very small type, which is exceedingly expensive. The proof-reading is difficult, and everything about any work of that kind is much more expensive than the ordinary material in the JOURNAL. It seems to me that as this is the official journal of the society, unless the amount is very unreasonable we can afford to print it. Of course, we can, if we choose, make a special number—simply have the proceedings of the society and perhaps some of the papers, or all of the papers, and nothing else in the one number, and that would make the expense about the same as usual.

MISS DUNCAN.—Would not the circulation offset any extra expense that might be made? I am sure that if this annual report were not printed the circulation of the magazine would increase,—simply for the reason that the nurses would want a report, and that is the only way they could get it.

PRESIDENT.—It would hardly seem fair to expect the magazine to publish our Directory as well. The report of our proceedings, of course, is a different matter.

MISS PALMER.—Madam President, about additional circulation: the only number of the JOURNAL of which we have sold a large number because of any one particular thing was the Congress number. We printed seven hundred and fifty copies of the Congress number in addition to our usual edition, and they were exhausted in a very short time. About two hundred of them were sold at the Congress, and the others have been called for in different ways. Now these are valuable; there are very few of them left; I don't think we have more than half a dozen in reserve, which we are holding; but the numbers which have contained the annual report in the past few years have not increased at all in their sale.



Miss Hohmeyer (Illinois Training-School) said that as far as her alumnae was concerned, they would prefer to have the reports of the meeting issued in the magazine. She said she thought a great many nurses would perhaps subscribe to that magazine, and that it would be an added interest to them; that her own feeling would be that if this report were published in the JOURNAL it would be worth while to give up a number or two and make it an exclusive number for this purpose; that other publications did that. She did not think any subscriber would object to it, and many would be very glad of it.

PRESIDENT.—The question is called. The motion is that the proceedings of this association be printed in the JOURNAL only, and the separate reports discontinued.

The motion was carried.

PRESIDENT.—Do you wish to have the Directory published also?

SECRETARY.—Madam President, the delegates here seem to think that this Directory is very valuable. It is a surprise to me, since it has been so very difficult to obtain the lists of members from the various societies, necessitating often five and six letters before the membership-list was secured. May I ask, if we do print the Directory, that each one will impress upon her society the need for promptness in sending in the names?

MISS PALMER.—Madam President, we have just published a revised list of members which has only recently been circulated, and it would seem to me that this year we might simply publish the names of new members. It could be arranged in such a way in the JOURNAL that those leaves could be cut out, and then some time it might be well to publish a Directory separately, in the form of a pamphlet.

SECRETARY.—It might be well to publish through the JOURNAL any corrections that might be made, but it does not seem to me necessary to publish again the list just brought out. There is a tremendous amount of hard work and voluntary service being done by the officers of the different societies. It does seem to me that we ought to devise some means of lessening the amount of labor.

MISS DAVIS.—Madam President, I would suggest that the list of names be inserted in THE AMERICAN JOURNAL OF NURSING, so that they might be preserved as a complete and full list. It seems to me it would be very valuable, and if anything would promote the circulation of the JOURNAL probably it would be that.

PRESIDENT.—Do you mean that the present Directory be published in the JOURNAL?

MISS DAVIS.—Yes. The list already begun there and added to from time to time will become valuable as time goes on.

After some further discussion Miss Anderson moved that the Directory be incorporated in the convention number of the magazine.

The motion was seconded and carried.

MISS DAVIS.—Madam President, I make a motion that the expense of printing this Directory be borne by this association.

The motion was seconded by Miss Duncan and carried.

PRESIDENT.—The letter from the International Council of Nurses with reference to preparatory training has not been acted upon.

The secretary read the communication from the International Council of Nurses. (See correspondence, page 758.)

PRESIDENT.—What will you do with this letter?



MISS DAVIS.—Madam President, I move that a committee be appointed by the chair to give an official opinion upon that and formulate a statement.

The motion was seconded by Miss Aberg and carried.

Miss Riddle, Miss Davis, and Miss Ross were nominated as members of that committee. The president appointed the nominees and requested the committee to report at the executive session in the afternoon.

PRESIDENT.—Do you wish to take any action at all through the council with reference to the publication of *Truth*?

A delegate suggested that the alumnae should work for the publication of their own journal and let others go.

PRESIDENT.—You heard the report of the Committee on the Course of Study. Do you wish to continue that committee another year and accept their report? Of course, if there is no change to be made the committee will remain. Is there any suggestion as to the plan for the course of study?

SECRETARY.—I would like to move that the committee for the condensing of local reports and the Educational Committee be combined. They amount to about the same thing, it seems to me.

The motion was seconded by Miss Riddle and carried.

The president said that Miss Greenlees was the chairman of both committees and would continue to be chairman of the new committee.

PRESIDENT.—The delegates to the National Council of Women from the American Federation of Nurses are sent by the Superintendents' Society and by the Associated Alumnae. It is fair that their expenses should be borne equally by this association with the other; that half the expense of the delegate should be borne by this society.

Mrs. Cuthbertson moved that half the expense be borne by this society.

The motion was seconded and carried.

PRESIDENT.—The Committee on Resolutions should be appointed this morning and present a report at the afternoon session. Will you nominate someone?

The following delegates were nominated for members of the Committee on Resolutions: Miss Anderson, Miss Gross, and Miss Smith.

PRESIDENT.—I will appoint the delegates nominated as members of the Committee on Resolutions. We will now listen to the report of the Magazine Committee.

Miss Davis read the following report:

#### "REPORT OF THE PERIODICAL COMMITTEE.

"The Committee on Periodicals makes the following brief report:

"Owing to the difficulty of obtaining a quorum, no formal meeting of this committee has been held during the year.

"One was called March 18 in New York and one during this convention in Chicago, at neither of which could the required majority be secured. The number of which it is composed seems unwieldy and the members too far apart for coöperative work.

"The affairs of the JOURNAL are in a healthy state and prosperous. The same general lines have been followed as those adopted at the beginning. We are most anxious to enlarge both the sphere of the JOURNAL's usefulness and its physical proportions, which can only be accomplished by generous support on the terms explained in a former report.

"We hope the JOURNAL will be freely discussed and suggestions offered that will be of practical benefit to this committee.

"Respectfully submitted,

"M. E. P. DAVIS, Chairman."



PRESIDENT.—The report is open for discussion.

Miss Keating suggested that if the committee was unwieldy, would it not be wise to make that committee small?

PRESIDENT.—Has the secretary anything to say as to the number that should constitute this committee?

SECRETARY.—In our minutes of the proceedings of 1901 there is a record of a motion made, regularly seconded, and carried, to the effect that this committee should remain as it was then until such time as the business should be taken out of the hands of the stock company.

MISS PALMER.—It would seem to me necessary to have a majority of this committee nearer Boston, where the president resides and where the majority of the officers of the stock company are. It is absolutely essential in order to transact business that the officers of the company should be near each other and that the members of this committee should be near each other. I am a member of the Magazine Committee, and I for one would ask to be released as a member of that committee, and that in my place a member may be chosen whose residence is nearer that of the president and the East.

MISS FULMER.—Madam President, I am also a member of that committee, and I am absolutely of no use to it.

MISS DAVIS.—I think she is of use to it. But we know how difficult it is for a person living so far away from the East to attend the meetings.

PRESIDENT.—We will act upon Miss Palmer's resignation. All willing to accept Miss Palmer's resignation please say "Aye." Contrary, "No."

The resignation was accepted.

MISS ROSS.—I would like to nominate Miss Riddle to take the place of Miss Palmer upon this committee.

The nomination was seconded and carried.

PRESIDENT.—Miss Fulmer has also resigned from that committee. What will you do with her resignation?

It was moved and seconded that Miss Fulmer's resignation be accepted. Motion carried.

PRESIDENT.—Do you wish to make any further nominations?

MRS. CUTHBERTSON.—I move that the committee be made five instead of six.

MISS DAVIS.—I don't think you can change the number.

MISS PALMER.—You can if we resign.

MISS DAVIS.—We can take a unanimous vote that this committee stand as it is after these members resign. That will leave us five. We can have a unanimous vote that the committee shall stand in that way for the year.

MRS. CUTHBERTSON.—I move that the Committee on Periodicals remain five for this year.

The motion was seconded by Miss Stone and carried.

PRESIDENT.—Any further action on the report of this committee?

MISS ROSS.—Madam President, it seems to me, as the Nurses' Associated Alumnae were the people to start this magazine, that the individual members have not done their duty towards it. We have not tried our best to get in subscriptions, and we have not tried in the alumnae societies to take stock and help it on in that way. It seems to me that all delegates here to-day should decide to go home and talk to their Alumnae Association about it; if they are small associations, two or three or four individuals could club together and take stock, and every society that is represented in our National Association should hold stock in the magazine and have an interest in it.



MISS DAVIS.—In the Boston Club they do not take our JOURNAL because they do not want the nurses to come there and read our magazine and not subscribe to it.

SECRETARY.—We do not take the magazine either for our reading-room, thus obliging the nurses who wish to read it to subscribe individually.

MISS PALMER.—Madam President, when it was decided to start this JOURNAL there were several ways proposed, and one of the means suggested was that it might be necessary to issue stock,—that is, a certain number of people were to put in money in order to establish it. No business of any kind can be started without financial backing, and you have to have a certain amount of money to invest in any business before you can start it. Last winter when in New York I met a great many nurses. I met a good many of them in groups, and they talked about the JOURNAL. A good many were nurses who were living in apartments, ten, twelve, or eighteen together, and when I said to them, “Do you take the JOURNAL?” they replied, “Yes, we have one copy of it which we all read.” I said, “Do you think you are doing your duty by the JOURNAL when you consider that a few of us who are working-women like yourselves have put up our own hard-earned money and taken the risk of getting out this JOURNAL?” “Why,” they said, “we never understood the situation before. We did not realize that you or anyone had put your money into it.” Of course, that is pure thoughtlessness on the part of the members, because everybody knows, and especially nurses who knock around the world, that you cannot get anything in this world that is worth anything without you pay for it. If every one of the members would subscribe for the JOURNAL we would be in a booming condition. We would be able to give a great deal more. We could make it a perfectly splendid journal.

I made a statement yesterday, and I make it again now, that when the superintendent of the training-school has a personal interest in the JOURNAL—if she is a stockholder or a member of the committee—she has a very warm interest in its success, and the nurses in her school subscribe very liberally, not as liberally as they should in a few instances, but they have been, on the whole, the leaders in the subscription lists, so I think there is a responsibility that rests on those women who are superintendents.

Now, there is a little bit of work that every one of you can do individually. If you live in the neighborhood of a big drug house or of a manufacturing concern making articles in our line of work, you can do a great deal for our JOURNAL by getting such people to advertise in its pages. You can get those people to realize that there is no better advertising field for their particular line of goods than just the pages of our JOURNAL.

Miss Riddle moved that the delegates present pledge themselves to obtain five new subscribers to THE AMERICAN JOURNAL OF NURSING when they go home.

Motion seconded by Miss Spear.

MISS PALMER.—One more thing: I know of two training-schools where the superintendents have made this JOURNAL a part of the curriculum; that is, when the pupil comes in and is obtaining her books for the year, she is expected to subscribe for this JOURNAL, because they consider it necessary for the education of the pupils to know what is being done in the nursing world and because there are often such very valuable articles published.

PRESIDENT.—The motion then is that the delegates here present pledge themselves individually to make an effort to secure five new subscribers to THE AMERICAN JOURNAL OF NURSING.

Motion carried.



PRESIDENT.—We will now hear from the Committee on Constitution and By-Laws.

Discussion followed on a number of articles proposed in the constitution and by-laws. Mrs. Cuthbertson opened the discussion upon Article III. of the constitution, relating to eligibility, with the following paper:

“MADAM PRESIDENT: I am absolutely opposed to the proposed change in the constitution as read, and I am sure that I express the opinion, not only of the alumnae which I represent, but of many nursing associations, when I say that all hospitals to be admitted to membership in the National Association should contain not less than one hundred beds.

“The reason for this is obvious. In the first place, no valid reasons have been advanced why it should have been changed. In the second place, we are too young an organization to make such a radical departure from the original plan. The time will come when hospitals with a less number of beds than proposed can be admitted, but we think that at the present time their training is not sufficient to entitle them to membership in the National Association.

“This is not imposing undue hardships on the smaller hospitals, as the State organizations which are rapidly springing up all over the country will undoubtedly be open to them. When the local organizations improve, and when we have become older and more firmly established, then it may be feasible, if thought desirable, to lower the requirements and admit smaller hospitals. It is much easier to adopt from the first a high ideal and maintain it than it is to build up a barrier after the bars have once been lowered.

“The National Association has conducted its affairs so far with caution and great deliberation, so that the nursing profession has the utmost confidence in and admiration for it. It behooves us, therefore, to maintain this attitude. In the course of a few years there will be established in this country post-graduate schools which will supplement the work of the small hospitals. We will then be able to admit to membership in this organization nurses who have taken post-graduate courses. I therefore think, Madam President, that the small hospital has not been forgotten or overlooked, and that the best interests of all are subserved by this course.

“In conclusion, I would move that Article III. of the constitution be made to read as follows: ‘Nursing organizations whose members are graduates of general hospitals containing not less than one hundred beds, giving not less than two full years of training in the hospital, shall be eligible for membership in this association by sending thereto accredited delegates and by paying annual dues, such schools to be acceptable to the society.’”

The motion was lost.

Miss Riddle moved that Article III. of the constitution be amended to read that “Such societies, to be acceptable to this society.”

The motion was seconded by Miss Davis and carried.

Miss Riddle read a suggestion that had been made relating to the appointment of the Nominating Committee, the committee to be appointed at the morning session of the first day of the annual meeting, the members of this committee to be nominated from the floor. It shall be the duty of this committee during the year to prepare a list to be voted upon at the next annual meeting; all candidates whose names appear on ballot to have been consulted and to have given expression of willingness to serve if elected.

A motion was made, seconded, and carried that the above be incorporated in the section relating to Nominating Committee, Article IX. of the by-laws, and that the article be revised to conform with it.

PRESIDENT.—If there are no further suggestions to be made, it now remains for the association to decide whether they will adopt these by-laws at this meeting or whether you prefer to leave it to the next annual meeting. In the meantime, have the suggested revision printed in the JOURNAL, and you will then



have an opportunity to discuss it in your alumnæ societies and be prepared at the next meeting to act upon it.

MISS DAVIS.—I move that the articles embodied in the incorporation be accepted as our constitution, and that the revision of the by-laws be made complete on these suggestions and laid over until next year for action.

Motion seconded by Miss Ross.

PRESIDENT.—The constitution, you understand, is incorporated in our charter, and it has been moved by Miss Davis that the revision with the amendments be referred back to the committee to be reported on at the next annual meeting and published in the JOURNAL in the meantime.

The motion was carried.

PRESIDENT.—You have a year to think about it—to prepare amendments and make changes.

MISS PALMER.—Who is the committee to do this work?

PRESIDENT.—It has been referred back to the committee.

MISS PALMER.—We have had no meeting of the committee during the year. It seems to me that this committee should be more centrally located, so that they could work together and get the by-laws in good shape. It would simplify matters very much indeed. I would like to hear from someone else.

MISS ROSS.—I have been requested by the chairman of the committee to say that if it were handed back to the committee she could not undertake to work for another year.

PRESIDENT.—You might give the present committee power to add to their number.

MISS PALMER.—I would like to retire from this committee. I would like to suggest that we appoint Miss Riddle the chairman of this committee, with associates near her, to put it in such shape as will be necessary. I am too far away to work with her.

MISS RIDDLE.—Madam President, I am willing to remain on the committee, but could there not be another chairman?

Miss Davis moved that Miss Riddle be made chairman of that committee.

The motion was seconded by Miss Spear and carried.

Miss Riddle said that she understood Miss Dolliver had resigned, and she nominated Miss Ross on the committee.

The nomination was seconded by Miss Palmer and carried.

PRESIDENT.—If there is no other business to come up this morning, we will adjourn until two P.M.

*May 3.*

#### FOURTH SESSION.

The convention was called to order at two-fifteen.

PRESIDENT.—The first paper this afternoon is one prepared by Mrs. Strong, matron of the Glasgow Infirmary,—prepared for the Congress of Nurses last year and not read, as Mrs. Strong was ill and unable to be present. We will hear it this afternoon; it will be read by Miss Pickhardt, of the Illinois Training-School.

Miss Pickhardt read the following paper:

#### “PREPARATORY INSTRUCTION FOR NURSES.

“Ladies, I must thank you for the honor you have conferred upon me by asking me to read a paper on the ‘Preparatory Instruction of Nurses,’ and pre-



sume it is the technical course of study to be pursued before entering the wards as probationers for practical training in the art of nursing which you desire to hear about, and not the ordinary preliminary general education which is a *sine qua non*.

"I ask your indulgence should I digress somewhat from the particular point, as it is a wide subject, with many side issues. I will endeavor to place before you something of our work and aims on the other side of the Atlantic, and the various events in the chain of evolution which have led to the desire to rescue nursing from its chaotic condition, placing it on a sound basis of systematic tuition leading on to a final examination, to be conducted by an outside body under the control of the State.

"We wish to see ourselves in connection with the General Medical Council, to have a curriculum laid down by them of the studies, examinations, and work to be done before a woman presents herself for examination for her diploma. We cannot be a separate, independent body; we are the handmaidens of the medical profession, and if we educate ourselves beyond what is required of us, it is valuable time lost, and is apt to produce a spirit of discontent with the subordinate position which we must hold in regard to the doctor. On the other hand, we require to keep abreast of the times, and if we do not educate ourselves to meet their needs we cannot expect their interest in us.

"Diagnosing is not our province. Our responsibility ends with a loyalty of spirit in carrying out the instructions given, obeying in spirit as well as in letter, and it is only by being at one with the doctors, supplying their wants, that we can look for guidance and help from them in the forming of ourselves into a recognized body of people.

"I cannot say that my ideas are representative of the thought of the country; they are merely the gathered experience of a thirty-five years' nursing career.

"The medical profession are by no means unanimous in our country as to the necessity of a fixed curriculum for nurses and what should constitute a trained nurse (I use the term for want of a better), but it must be borne in mind that it was only in the eighties of last century that that profession became a corporate body. We can scarcely expect in so short a time that the want should be universally felt of a body of women specially educated on fixed lines to give assistance to them in their work.

"Physicians and surgeons will always have their individuality to be considered with their methods of treatment; but a nurse must have a certain amount of information before she is capable of adapting herself to their various requirements, otherwise it would entail a great deal of misunderstanding of instructions given.

"We would like to do away with what is so aptly called the daring of inexperience. There are many medical men who are of opinion that the time is not far distant when the term 'qualified nurse' will require to have a definite meaning, and not be left to the arbitrary decision of the various hospitals to grant certificates following upon their own private examinations, which may or may not be of practical value in regard to the fitness of the holder for carrying on the work of nursing.

"The argument that there are many good nurses who have received little but empirical training will not hold good any more than the same applied to the practice of medicine half a century ago. As it stands to-day with us, any woman who holds a certificate to the effect that she has spent three years in a general hospital containing not less than forty beds can register, provided there is nothing against her moral character.

"It is not the size of the hospital I object to. Given a good doctor and a capable nurse in charge who would not grudge to devote their time to teaching, I believe the best results may be obtained. What I maintain is that residence alone is an insufficient guarantee of ability or fitness for the work without some test of the knowledge gained during the period of residence in hospital. This, I think, is where registration with us fails to meet a much-felt want.

"The fact of there being an examination by an outside body would be a valuable stimulus to the nurse all through her term of residence, and would do something towards preventing merely mechanical work, adding zest, thus causing happiness, which we cannot do without.



"We speak of the old and the new order of things. If we compare the generations one with the other, and the conditions under which they have lived, it seems like constant revolution, but in reality it is a succession of events leading to changed conditions. There is no break in the link; it is progress, not revolution; it is the same with the so-called 'profession of nursing.'

"As the science of medicine has advanced, a more intelligent assistance has been called for by some, an instructed intelligence, which can grasp the meaning of technical instructions left for the guidance of the nurse.

"PRINTED ADDRESS.

"To prevent repetition of platitudes, you will find my ideas on this point in a printed form, which any of you may have upon application to me at the close of this meeting.

"THE OLD REGIME.

"When I first entered St. Thomas's Hospital, London, nearly thirty-five years ago, a year's residence was considered sufficient length of time to prepare one for the taking of responsible positions, even to that of matronship.

"I am sorry to say this custom is not yet quite obsolete in some of our British hospitals.

"The year mentioned was an immense improvement upon what had been before the time of Miss Nightingale establishing her school at St. Thomas's in conjunction with Mrs. Wardroper (matron of that hospital) after Miss Nightingale's return from the Crimean War.

"The value and far-reaching influence of the work done by that lady requires no comment from me; it will live forever.

"For Miss Wardroper I would like to say one word. The single-handed combat which she undertook with the general bad condition and ignorance which prevailed at that time in the nursing world was being nobly fought when Miss Nightingale, in search of a hospital wherein to establish a school for the training of nurses, came upon and recognized the good work being done by Mrs. Wardroper, and chose St. Thomas's Hospital as the centre for her operations.

"This school being established, class work was gradually introduced, in addition to the practical work, until it has grown into an elaborate system, and as I have remarked elsewhere, had St. Thomas's remained the only training-school for nurses we should have had uniformity, and possibly the authorities would have risen to the demands made upon them; but as there was perfect freedom in the matter, a legion of schools, so called, sprang up, each establishing according to their individual ideas a curriculum for the instruction of their nurses, producing a veritable chaos of training. We require to know the method of each school before we can estimate the value of the certificate given.

"PERSONAL EXPERIENCE.

"Looking back upon my own early experience and the work undertaken by me, without knowledge of the construction of the human frame, its functions, and the hygienic laws pertaining to the maintenance of health, and my ignorance of the leading features of disease and inability to distinguish between healthy and unhealthy excretions, with the inevitable blunders arising therefrom (in fact, learning through blunders, which is not to be recommended where risk to life is involved), I concluded that it was necessary to be acquainted with these matters before entering the wards to be instructed in the practical art of nursing, as there is too much close study entailed in acquiring the elements of these things to admit of classes being carried on simultaneously with ward work.

"Professor Macewen, of Glasgow University, was the first to suggest to me the possibility of an organized uniform method for the technical instruction of nurses before entering hospital as probationers for practical work, with final examinations, after a fixed period of residence, by an outside independent body representing the State, whose diploma should be the sole guarantee of fitness for the office of 'nurse.'

"It was on the New Year's morning of 1891 that Professor Macewen, in an address to our nurses, first made public mention of what he thought might be done in this respect, and added, 'Will the Glasgow Royal Infirmary take the lead?'



“ PROPOSED SCHEME.

“In consequence of his representations to his colleagues, a scheme was drawn up by our staff for a series of classes for pupils who desired to become probationer nurses. This scheme was placed before our managers, and they very heartily consented to a trial. We made a start in January, 1893, and from that time we have gone on with our pioneer work, each year strengthening our confidence in the soundness of the step taken, though keenly alive to the necessity of fuller development.

“The intending pupil (unless holding a leaving certificate of the Scottish Education Department or one in connection with the university) is required to attend a preliminary examination in grammar, composition, spelling, and arithmetic. Ordinary physique and good general health are indispensable. The first six weeks are spent in attending classes (especially arranged for nurses in connection with St. Mungo's College, Glasgow) for the acquiring of the elements of anatomy, physiology, and hygiene, for which the pupil pays two pounds two shillings, providing board and lodging at her own expense.

“It would take too long if I fully detailed to you these classes, but I will give you a brief summary.

“The anatomy course consists of not less than twelve lectures, embracing the description of the bones, joints, and chief muscles of the body, the course of the main blood-vessels and nerves, and the broad outlines of the anatomy of the brain and of the thoracic, abdominal, and pelvic viscera, illustrated by diagrams, casts, and recent dissections. These lectures are given by Professor Henry E. Clark, of St. Mungo's College. Oral examinations on the subject matter are held throughout the course, closing with a written examination by an outsider.

“This method of examination, I may say, is carried out in the other subjects, *i.e.*, physiology and hygiene.

“Physiology also consists of twelve lectures given by Professor John Barlow, of the same college, illustrated by diagrams, instruments, and by microscopic preparations, the subject matter comprising a description of the blood, muscles, food, digestion of food, circulation of blood, respiration, the skin, kidneys, nervous system, general arrangements of parts of the brain in man, and the special senses.

“Hygiene is taught by Professor Hugh Galt, also of the same college, consisting of twelve lectures, profusely illustrated by models and diagrams, and including the general principles and fundamental laws of hygiene. The dwelling in relation to health; air, ventilation, water; the various methods of heating and lighting, are all very carefully considered. Hygiene for nurses in regard to personal clothing and food and in regard to disease are entered into, and the general principles upon which buildings constructed for the treatment of disease should be erected.

“Upon the pupil passing successfully the examinations connected with this first course she goes on to a second course, for which the sum of three pounds three shillings is paid. This course comprises twenty classes or lectures by Dr. James A. Adams, surgeon to the Royal Infirmary, on the nursing of cases before and after operation according to modern ideas of surgery in relation to the germ theory, including the operating-room and its equipments.

“Fractures, dislocations, hæmorrhage, dressing of wounds, instruments, the application of splints, bandaging, etc., are all fully dealt with, several classes being entirely given to practical work. Lectures and demonstrations on medical cases are given by Dr. Lindsay Steven, physician to the Royal Infirmary, twenty in all.

“The chief diseases of the various organs are briefly described, attention being specially directed to the training of the nurses on (1) what and how to observe; (2) what is required in regard to nursing; and (3) what to do in emergencies.

“Instruction is also given in the observation of the pulse, the respiration, and the temperature, and the excretions generally; the examination of the urine, the administration of medicines, and in the signs of poisoning by the more common poisons employed as drugs in the treatment of disease. A series of classes, ten in number, are also held by myself, comprising practical instruction in the cleaning and use of ward appliances, preparation of surgical dressings and



methods of keeping such, care of instruments, preparing an application of fomentations and poultices, application of ointments, blisters, leeches, etc.

"Special attention is given to the care of beds and bedding. Syringes of all kinds, including enema, are explained, and their uses, with different methods of cleaning.

"Cooking is confined to ten lessons, as the principles are taught in the physiology and hygienic classes. Particulars of this work have been published, and I take it for granted that they are already known to you.

#### "DISADVANTAGES OF THE OLD SYSTEM.

"Up to that time (1893) we, in common with others, had gone on increasing our class work until it came to be a serious hindrance in the work of the wards, besides being detrimental to the health of the nurses. We could not see our way to less than a ten-hours' day of work, and classes in addition to this interfered with both sleep and recreation. This scheme excludes all class work during the three years spent in the wards, the time being given to the acquiring of practical skill in the art of nursing.

"On looking over our syllabus you will observe that the three-months' preliminary instruction is given entirely at the pupil's own expense. I should like to see this modified, as I do not think nursing is sufficiently remunerative to compensate for any great outlay in the gaining of the knowledge necessary for the carrying on of the work.

#### "FIRST COURSE—ANATOMY, PHYSIOLOGY, AND HYGIENE.

"I would advocate the taking of the first course, viz., anatomy, physiology, and hygiene, at some established medical school independent of any particular hospital, this expense to be borne by the pupil, the course being specially arranged for pupil-nurses.

"I have attended the classes under the auspices of the Royal Infirmary, Glasgow, which are held in St. Mungo's College, of that city, regularly, and am of opinion that the ground covered by the teachers is sufficient to enable a woman to carry on her work at the bedside intelligently, and I have no desire to see these subjects extended. The fees for these classes could be minimized by large attendances if all hospital authorities agreed in not taking pupils for clinical instruction until they held certificates from the different recognized schools for the teaching of these three subjects. Each large town possesses at least one such college, and hospitals situated in smaller towns, where they have not the same facilities, might combine to insist upon their pupils holding these certificates. I have not mentioned chemistry, as both physiology and hygiene touch upon this sufficiently for the purpose of nursing, but we want uniformity, and this can never be attained without a central controlling power to regulate these things for us. One distinct gain we should have in the above would be freedom from a preliminary examination, as the woman who could pass the examinations connected with the first course would certainly possess sufficient general education for the second.

#### "SECOND COURSE—CLINICAL CLASSES.

"I think the clinical classes should be undertaken by the hospital authorities each for themselves, the nature of these also to be fixed, being confined entirely to the general, no specialism. About two months should be sufficient to cover the necessary ground, the pupils paying fees sufficient to cover the expense of lectures, the hospital providing board and lodging free of expense to the pupil with suitable class-rooms, and the matron or lady superintendent, as she may be termed, taking a general supervision of these classes and seeing that efficient tutorial assistance is given to the pupils, in addition to her own proper classes.

"The nature of this teaching as adopted by us and the subjects we think it necessary for the pupil to be instructed in I have already mentioned.

"We also endeavor to impart some principles upon which self-education may be carried on during the three years' perfect freedom from class work.

"I should like to see more time devoted to this second course of instruction than we are at present able to give to it, and this is why I advocate the lessen-



ing of the expense to the pupil, that she may not feel it a hardship in lengthening out the time. What we cover in one month I think requires two. One-hour's class work I think requires the whole of the remainder of the working day for study, either mentally or manually.

“WARD WORK, THREE-YEARS' COURSE.

“The pupil on entering upon the actual work of nursing under the tuition of the nurse in charge, to make herself practically acquainted with the ward duties and the individual care of the sick should apply herself diligently to the understanding and practical application of the theory gained in class.

“Unconscious tuition is constantly going on; the clinical classes held for the benefit of the medical students are of great use to the probationer in keeping her memory fresh and helping her to understand the why and wherefore of things.

“The three years mentioned is none too long for the acquiring of the necessary skill to carry on so serious a work as nursing. We must not lose sight of the manipulative part of the work, which largely predominates; in this, as in all other handicrafts, nothing but actual handling can produce skill. We might hold class after class, but all we can do is to give rules for guidance; books also can do no more.

“It is for the nurse to make the knowledge her own by practical application. We cannot insure uniformity of skill in the carrying out of nursing any more than in any other calling. Individualism will reign here as elsewhere; general adaptation and quick intelligence is not given to all, but we require a certain amount of definite knowledge.

“ADVANTAGES OF SCHEME.

“We found our previous method of carrying on our class work simultaneously with the acquiring of the practice of nursing a most distracting process, detrimental alike to teachers, nurses, and patients.

“Examinations were a constant Nemesis, giving no freedom to really enjoy work, and with insufficient leisure to study the subject matter given in lecture, much of the good of it was lost. Another advantage of the scheme is that it rids us of the incubus of a number of unsuitable women entering the wards upon a month's trial. I do not know which to pity most, the nurse or the probationer, where the old custom still prevails, and believe some good pupils are lost through the difficulty of getting accustomed to the extremely new environment into which they are thrown, whereas by being gradually let into it through a preparatory course they might succeed.

“MODUS OPERANDI RE WARD WORK.

“If our larger hospitals must become recognized training-schools for the supply of smaller institutions (where they have not the facilities for teaching) and also for the supply of private nurses, I think we should endeavor to accomplish these objects with a minimum of disturbance in the ward work.

“The constant change of probationers from ward to ward to give them an insight into the different methods of working was well enough in theory but unworkable in practice; we found they were not long enough in any one place to take a grip of things, or for those about them to take sufficient interest in teaching, feeling they would be so shortly removed. We prefer them to take eighteen months in one set of medical wards before going to the surgical to take the other eighteen months, but cannot always manage this; sometimes they have to take the surgical first.

“POST-GRADUATE WORK.

“At the end of the three years thus spent in general medical and surgical work we should like them to be examined by outside examiners from some recognized body, as I have already said, whose diploma should be the only legal guarantee for fitness for the work.

“Should the nurse be fortunate enough to obtain this, we should still be glad to retain her services; should she fail, I think she should have the opportunity



of returning to her Alma Mater, and be readmitted to examination later on. At present there is a great demand, in our country, for nurses who have spent three years in hospital, and with the human love of change, we require to do what we can to make hospital life agreeable and healthful and to give fair remuneration, otherwise we should be depleted of our best nurses and our hospitals would thus suffer from the use of them as schools for nurses.

#### “ REMUNERATION.

“ I think payment should commence as soon as a probationer is taken into the service of the hospital. I repeat, nursing is not a money-making calling. The day is past when it was thought to be noble self-sacrifice to take up nursing; it is now recognized as an ‘ honorable calling for honorable women,’ and I think it ought to be so arranged that women of moderate means might be enabled to enter with the object of making a living, which object does not necessarily entail a mercenary spirit. I think it is a stimulus to the overcoming of the initial difficulties connected with the work. We do not wish to attract the dilettante class, we rather wish to exclude them, and I would emphasize what has already been ably said by Professor Macewen as to the desirability of equality in the work, merit alone carrying the day, and not the paying of fees, nor purchase of the higher positions. We want women of earnest purpose with no heroics, but sufficient interest in the work to be happy in it and to carry them through emergencies that may arise with a spirit of pleasure, without feeling ill used.

“ Free from the worry of classes, I think it a most pleasant work, always varying with the myriad individuals and their myriad interests. I speak from the experience of twelve years spent directly at the bedside.

#### “ DOMESTIC WORK.

“ I am aware that some may raise an objection to the purely technical character of our scheme of preparatory instruction for nurses, and think we altogether lose sight of the domestic. This we can never escape from; it is this domestic nature of the work which makes it essentially a woman’s work, and I would advise everyone who wishes to perfect herself in the art of nursing to perfect herself first in the art of housekeeping, including cooking. I think it a waste of time to come to hospital to learn these things, and they cannot be done without, they meet a nurse at every turn.

“ The whole condition of a ward depends on the nurse in charge (cleanliness is a much more scientific matter than appears at first sight). We do not ask our nurses to do the housemaid’s work of the ward, but we do ask for a thorough knowledge of the best methods of cleaning that they may be able to direct. We have no system for the training of ward-maids,—I wish we had,—and therefore have to depend upon the nurse in charge for the general brightness and comfort of all under her; it is similar to an ordinary home, and we all know how much depends upon the head. It is sometimes quite distressing to hear an otherwise capable woman expressing her ignorance of the most common household matters, giving as an excuse the depending upon servants.

#### “ JOHNS HOPKINS CURRICULUM.

“ In looking over the circular of information kindly sent to me by Miss Nutting, of the Johns Hopkins Hospital School for Nurses, I did so bearing in mind the characteristics of the two nationalities and their differing needs.

“ In comparing the two systems, please do not misunderstand me and think that I suppose either of the systems transplanted would take kindly to the foreign soil; each has sprung of its own particular need. It is interesting to know what others are doing, and we may be helpful to each other in this way; beyond this we cannot go.

“ We see that during the first six months of probation, before the pupil enters the wards, instruction is given in household economics, food, hygiene, sanitation, anatomy, physiology, and materia medica. I must interrupt to say, one cannot but feel envious of this well-arranged school for preparatory work, and wish some generous donor would furnish us with the same facilities for teaching. Well, after this six months come eighteen months spent in practical work in medical, surgical, gynecological, infectious, and orthopædic wards, not



less than eight hours daily, with an hour or two given to class work; this holds good through the two and a half years of ward work. The last twelve months are given to obstetrics, pediatrics, nervous diseases, and surgical technique as taught in the various operating-rooms. We go to the other extreme, giving a ten-hours' day to ward work, banishing all classes during the three years spent in the wards, exclusion of class work while in the wards being our main object in adopting a plan for the preparatory technical instruction of nurses. In addition to this, we confine ourselves strictly to the acquiring of skill in general medical and surgical nursing during the three years, believing this to be the best course for us. I do not think the average woman of our country could cover more ground thoroughly, and, as I have previously said, we have the disturbance of the ward work in regard to the interests of the patients to consider.

#### " SPECIALISM.

"I also think all special subjects should be taken up after a nurse holds her diploma for general nursing. I should like to see the day when it would be illegal, with us, for any woman to follow specialism—especially midwifery—without her diploma in general nursing,—that is, when we arrive at the halcyon days of knowing what that term indicates. So many complications arise in all forms of illness that if a woman take up any special branch of nursing without a general training she is likely to find herself in many difficulties. Any measure of success attending our enterprise is entirely due to the enthusiasm with which all concerned threw themselves into the work. The medical men who kindly undertook the various classes have been untiring in their efforts to make the two courses as useful as possible, and the coming in daily contact with the pupil through the whole time of residence—viz., the three years—is most helpful in keeping up her interest and seeing that she makes the best possible use of her time.

"Our nurses in charge have almost all passed through the same course of instruction and are most helpful to me in seeing that the practical nursing is well taught; not only in this, but in my own classes held during the second course I should be at a sad loss if it were not for the ready help I receive from them.

"Last winter each of our charge nurses in the medical wards kindly made arrangements for the taking of two or three pupils at certain hours for the giving of practical instruction in the taking of temperature, pulse, respiration, study of excretions, testing, etc."

Upon the conclusion of Mrs. Strong's paper Miss Ross gave very interesting extracts from the following paper prepared by Miss M. A. Nutting, of the Johns Hopkins Training-School.

#### "THE EDUCATION OF NURSES.

"While the question of nursing education is beset at every turn with urgent problems, no one of these probably transcends in importance that aspect of the matter which, because we do not quite know what to do with it, we call the 'Preliminary Education of Nurses.' As such it has claimed an increasing amount of our thought and attention during the last few years, and has been made the subject of a few interesting and instructive experiments. In a recent number of *THE AMERICAN JOURNAL OF NURSING* (March, 1901) the writer attempted to describe briefly the methods used in those schools in which a course of preliminary instruction has been established,—viz., the Glasgow Royal Infirmary, the London Hospital, the Dublin Technical School for Nurses, and, in America, the Waltham School in Massachusetts. Since that date an effort has been made to test the value of such a course of preparatory instruction in the Johns Hopkins Hospital School for Nurses at Baltimore, and a class of pupils was admitted on that basis in September of last year. This plan of work has therefore been in operation but little more than six months, and no just estimate of its value can yet be formed, but in view of the increasing interest shown in the matter the writer has acceded to repeated requests to give some details of the work as carried on here.

"The outline of the scheme for this preparatory teaching includes as subjects



'Household Economics,' with special reference to the study of foods; 'Hygiene and Sanitation,' 'Anatomy and Physiology,' 'Materia Medica,' and the 'Elements of Nursing.' The time set apart for this course of study and practical work is six months, which is considered a probationary period. Ability to enter the wards and to proceed with her professional education depends upon the pupil's passing the required examinations and tests in the foregoing subjects, and also upon her having proved her fitness to enter from the important stand-points of physical strength and temperament, personal characteristics and habits. Probationers who are found to be quite unequal to the work and study or are unsatisfactory from other stand-points are dropped from the course within a few weeks, as under previous systems. Pupils receive board, lodging, and a reasonable amount of laundry work from date of entrance, uniforms being supplied them by the hospital when they are accepted as pupil nurses. Text-books and stationery are provided from the beginning. The six months forms a part of the three years, and accepted pupils have therefore practical work in the hospital wards for two and one-half years. The course of instruction includes both theory and practice, the practice being limited to a period of from four to six hours daily, the theory occupying from two to three hours daily.

"For purposes of instruction in the practical part of this training the school building generally known as the Nurses' Home was selected. The kitchens, serving-rooms, pantries, and class-rooms were suitably equipped and certain portions of the necessary daily work set apart for practice classes for the students. In pursuance of the belief that it is essential for the nurse to have a wide and thorough acquaintance with the subjects of foods and dietetics and a full knowledge of the work of the household, with careful training in its various branches, a comparatively large proportion of time is devoted to this study, a detailed account of which will be given later on. The entire mornings are devoted to practical work in some one of the following departments: the dining- and serving-rooms, kitchens, one floor of bedrooms, including halls, lavatories, and bath-rooms, etc., the room for the preparation of surgical supplies and dressings, clinics of the out-patient departments. Classes and recitations are held each afternoon between two and five in the following subjects: anatomy and physiology, hygiene and sanitation, the properties and effects of drugs, practical classes in the elements of nursing, including bandaging. At the head of each of these departments a trained instructor is always on duty with her pupils, making the various portions of the work which they are obliged to perform the subject of constant instruction and criticism. The organization thus resembles somewhat that of a ward with head nurse and pupils, the teacher corresponding to the head nurse.

"The practical work as carried on in the various departments to-day shows in the dining- and serving-rooms a group of six pupils. Here they are on duty from seven until eleven A.M., going off duty and returning from five until seven P.M. Their duties include the care and cleansing of dishes, silver, china, and all cooking utensils; the care of table linen in the removal of stains before sending to the laundry; the care of pantries, shelves and drawers, and various food receptacles; the care of refrigerators and refuse-cans; the receiving of supplies, meats, milk, butter, eggs, vegetables, and groceries, weighing, noting condition of article when received and its proper care until used. Here lessons are given in the necessity for absolute cleanliness in every appointment in connection with the care and serving of food.

"Going from there to the kitchen, which is equipped with a large and complete gas cooking-range, charcoal broilers, as well as various steam appliances for cooking food in large quantities, we find a class of pupils at work preparing soups, meats, vegetables, and desserts for dinners, also preparing cold meats, arranging salads, and preparing fresh or cooked fruits for the suppers. Nourishment is prepared and trays arranged for any member of the family who is prevented through illness or other incapacity from coming to the table, thus affording practice in the dainty serving of attractive foods.

"In the preparation of meats the pupils are taught the characteristics of different kinds and cuts of meats, the relation of bone to muscle and fat, the cuts suitable for different purposes; roasting, broiling, stewing, broth, and soups; cooking of tough and tender meat, the nutritive value of each, the effect of different temperatures on proteids and fats. The pupils have lessons and practice in carving



roasts of beef, lamb, poultry, etc., each doing the carving for the dinner daily for two weeks.

"In the preparation of desserts, the principles of cooking eggs, milk, and starch are taught.

"Instruction is also given in marketing and in the preparation of the weekly menu.

"All practical work is under the direct supervision of trained instructors, who emphasize the importance of accuracy, neatness, and the proper regard for time employed in performing every detail of the work.

"Twenty-six lessons of from two to three hours each are given in the chemistry of foods, the relation of food to the body, the effect of food on the body in different diseases, the cost of food, food values, and the calculation of properly balanced dietaries. The microscope is freely used in the study of food materials, and demonstrations by instructor or pupils are used to impress on the minds the point under discussion.

"It should be noted concerning all of this work that, while instruction is given in the right way of cleansing and keeping in good order all cooking utensils and appliances, and these methods are clearly demonstrated so that the pupil cannot fail to become familiar with the proper agents, the cleaning of floors, sinks, stoves, and refuse-cans is not a part of the duties assigned to the pupils. They are expected, however, to know how all these things should be done. That which is most essential for teaching purposes has been selected out of the actual work of the day, which, including, as it does, two breakfasts, two dinners, and two suppers, affords abundant material for a very satisfactory kind of instruction. One of its most valuable features lies in the fact that in precisely the way in which the pupil nurse is taught in the wards to feel the vitally important nature of all that she does for her patients, so the pupils in the school quickly realize that they are occupied in work the results of which are of much consequence, and it must be done according to certain definite standards of instruction. In each instance the product of their activity as students is utilized and a matter of much moment, and the effect of this knowledge upon the character of their efforts is constantly noted.

"One entire floor of the school building has been set apart as a place where a group of students is detailed for six-weeks' duty in studying and practising the details of practical hygiene as it should be applied to wards and rooms for the sick. This floor contains the bedrooms of one class of students, and, with adjoining halls, bath-rooms, lavatories, etc., is used as a field for teaching. Each pupil is assigned a definite territory, and the work is carried on as though each room were occupied by a patient. The routine practical work daily begins with showing how rooms are properly aired, and bed linen, mattresses, and pillows so arranged as to receive the fullest benefit of fresh air and sunshine. Careful bedmaking, with reference to the details essential in preparing the beds for the sick, together with instruction as to the suitable kinds of beds of hospital wards, also the cost and care of mattresses, blankets, and bed linen, are included in these lessons.

"The most suitable and convenient arrangement of furniture is observed, as well as a thoughtful adjustment of light and shade. The noiseless closing of doors, moving of chairs, preserving of order and quiet in all work, the comfort of future patients being constantly borne in mind, the care of windows and walls, of hard-wood floors and rugs, of paints, varnish, mirrors, and brasses, including the scrupulous cleanliness of utensils and appliances, are subjects for thorough teaching. The right method of dusting and its extreme importance in hospitals are dwelt upon. In caring for and cleansing porcelain tubs, nickel and brass fittings in bath-rooms and lavatories, the effect of good and harmful agents is demonstrated, and the paramount importance of absolute cleanliness and free ventilation in these frequently obscure places is indelibly impressed upon the minds of the students by the scrupulous care given.

"In the linen-rooms the pupils become familiar with the details of the care and arrangement of linen and household supplies.

"Instruction in the surgical-supply room extends over a period of about six weeks. It is most practical in character, and includes the making of the numerous surgical dressings, sponges, gauze rolls and pads, the medicated gauzes, iodoform and bismuth, the preparation of silver-foil and tissues, and the making of gauze, muslin, flannel, and plaster bandages. Instruction is given in the methods and



purpose of sterilization, the handling of sterilizers, and the principles governing asepsis and antisepsis. By the distribution of the sterile supplies to the different wards each morning knowledge is gained of the kind and amount of supplies required for the average ward per day, and the weekly and monthly records of the use of materials and their cost is thus obtained. The pupils are taught as they make and prepare for the sterilizer the various kinds of dressings why some are used in certain kinds of work and not in others, and this is supplemented by occasional visits to the wards, inspection of bandage-closets and surgical carriages, and, if possible, a few dressings are seen.

"In connection with this are the various clinics of the out-patient department, the orthopædic clinic in particular, where pupils of this group are detailed in rotation to assist the head nurse. Here they are taught how to prepare the children for examination, the care of the skin where plaster casts are to be worn, the use and proper handling of plaster bandages, the use of apparatus for correcting deformity, and by becoming familiar with seeing and handling these crippled and deformed children much is done towards preparing the pupils for their later work in the wards. In these clinics, where so many plaster dressings are made on ward patients who have undergone surgical operations, experience is had in the use of instruments and gloves for dressings and their after-care, the handling of surgical supplies, the making of carbolic and bichloride solutions, preparing for irrigations, accuracy in hearing and alacrity in obeying orders. A thorough course in bandaging comes later in this preliminary training.

"The ground of the course of preparatory instruction as carried on here at present is thus outlined. To the regular schedule of work and study a number of lectures and talks by experts in various subjects are added as opportunity for securing them arises. These talks are upon topics relating to the general scheme of the course and included under the head of "Household Economics," such, for instance, as the history and manufacture of various textiles, linen, cotton, woollens, silk; potteries, the making and decorating of earthenware and china; floors and floor coverings, and similar subjects.

"As before stated, it is too early in the day to say anything conclusive on this subject either as to its merits or demerits. At present the former constantly obtrude themselves; later the other side may claim more of our attention. The basis of all arguments in favor of such a course may perhaps be briefly summed up in the following statements:

"That training in the practical or technical side of our work can only be pursued in any satisfactory manner, or to any sufficient degree, when the pupil has been suitably prepared by theoretical instruction. Otherwise she is merely a routine performer of acts which she does not understand and which, therefore, are of little or no benefit to her, and which are liable through her ignorance to be distinctly injurious to her patients.

"That the effort to prepare pupil nurses hitherto has been carried on in connection with their work in the wards and has resulted in the all but universal custom prevalent in training-schools of mixing theory and practice indiscriminately together with little regard to methods, standards, or logical sequence of subjects and with a totally inadequate provision of time for study. We have, therefore, pupils entering wards and finding there a combination of domestic duties of a somewhat laborious and unfamiliar nature and duties and responsibilities of almost every kind in the care of the sick about them. In addition to this, they should begin at once the study of anatomy, physiology, the properties and effects of drugs, and other matters, so that, in fact, it has been found necessary to crowd the instruction of the first year greatly in order to prepare the pupil to proceed with any advantage whatsoever with her professional education.

"It has, therefore, gradually become evident that schools for nurses have before them the necessity of considering some better methods of teaching, something more thorough, systematic, and progressive, something which really considers the needs of the pupil in the same way in which similar needs are considered in other educational institutions, and the teaching and training adjusted to the ultimate end. Were it possible now to place the requirements of admission at such a point as would insure in our pupils a definite knowledge of certain prescribed subjects before entrance to the schools of nursing, it is manifest that our work of education might be greatly facilitated. That it is not possible at present will be seen at once when we stop to consider what means are now avail-



able for providing candidates for admission with such instruction. We say that any scheme for preparatory instruction should include:

"1. A thorough practical training in the care of the household and in the properties and preparation of foods.

"2. A definite prescribed course of instruction in anatomy and physiology.

"3. A study of the properties and effects of drugs.

"4. Classes in and demonstrations of the simple and elementary forms of practical nursing work.

"It requires little knowledge of existing facilities for acquiring such instruction to realize that at present there is no known school or institution of any kind where a candidate might go to fitly prepare herself in these subjects for entrance to the hospital school of nursing. Certain well-known institutions, such as the Drexel in Philadelphia, the Pratt in Brooklyn, the School of Housekeeping in Boston, and some others cover the ground of the domestic sciences admirably, and upon them we depend for our instructors in these branches; but the subjects of anatomy and physiology and materia medica are not taught in these schools, nor does there seem to be any feasible way by which a student could carry on these studies simultaneously with her course of instruction in domestic science. The instruction in the latter subject is, moreover, largely occupied with the subject of foods and cookery,—great essentials, but not all that we mean when we say that a pupil should have a knowledge of housekeeping before entering the hospital wards for her training as a nurse. Such a knowledge includes the practical handling of the things and affairs of the home, and is taught in no schools and in few homes at the present day. Spencer says truly, "That which our school courses leave almost entirely out, we thus find to be that which most nearly concerns the business of life."

"But even should it prove possible at some later date to provide instruction such as has been outlined, either in existing institutions or schools established solely for the purpose, there may be some reasonable doubt as to how far this would supply what we are trying to bring into preparatory teaching, and what is perhaps one of its vital features. Not more important than the amount of knowledge gained or the number of facts acquired is the *way* in which things are taught, the *way* in which the life of the student is ordered, the constant training in habits of neatness, accuracy, precision, keenness of observation, forethought, the cultivation of self-control, self-reliance, and ability to bear responsibility and to meet the emergencies of life. These are things which we need to teach from the very beginning, or, what is even more important, to find out to what degree it will be possible to teach and develop these qualities in any given student. Our whole system of training is based upon military ideals, rather than the scholastic, and how greatly our efforts are directed towards that moral discipline which forms and determines character and makes it beyond any other thing whatsoever the force in life upon which we as nurses have to reckon, we hardly realize until called upon to consider or apply other methods of education. It will be observed that in our preparatory teaching every step in any direction is governed by the order, method, system to absolute correctness and precision, and obedience of orders which we have found so excellent when applied to the training of pupils in our hospital wards. It would seem, therefore, that in considering constantly, as we do, the question of the establishment of preparatory schools, we should aim at securing a *kind* of teaching and training which is in some conformity with our existing methods and in accordance with the ideals and standards by which we are at present governed. As a matter of fact, the writer is so far from clear on the subject of preparatory schools that she is somewhat inclined to believe at present that we should drop the phrase 'preliminary education,' and include in our large schools this instruction in the general scheme of nursing education, which it is the business and purpose of hospital training-schools to give, whether theory or practice. It is not evident that we have any ground for insisting, for instance, that our applicants come to us prepared by a knowledge of anatomy, physiology, materia medica, foods, and dietetics. For what other work than nursing do they require such instruction? It may be argued that to give this teaching is costly. True, but so is any kind of education worth having. Moreover, facilities, appliances, the plant, in fact, for such preparatory instruction exist in hospitals to a greater degree and better in quality than can be found anywhere else. It is possible that a larger experience may modify or even alter these views upon this



one aspect of our attempts to improve the education of nurses. In the meantime our efforts must be to prove all things and to hold fast that which is good.

“SCHEDULE FOR PREPARATORY INSTRUCTION.

“The class is divided into groups of from four to six pupils going on duty at seven A.M. Each group of pupils is on duty in some one of the following departments for six weeks, passing on at the end of that time to another department. Hours of practical work on duty daily are: Two groups from seven A.M. until one P.M.; two groups from seven until eleven A.M. and from five until seven P.M.

Monday.	Tuesday.	Wednesday.	Thursday.	Friday.	Saturday.
A.M. Group I. Bed- and linen- rooms.	A.M. Group I. Bed- and linen- rooms.	A.M. Group I. Bed- and linen- rooms.	A.M. Group I. Bed- and linen- rooms.	A.M. Group I. Bed- and linen- rooms.	A.M. Group I. Bed- and linen- rooms.
Group II. Dining-room and kitchens.	Group II. Dining-room and kitchens.	Group II. Dining-room and kitchens.	Group II. Dining-room and kitchens.	Group II. Dining-room and kitchens.	Group II. Dining-room and kitchens.
Group III. Serving-rooms and pantries.	Group III. Serving-rooms and pantries.	Group III. Serving-rooms and pantries.	Group III. Serving-rooms and pantries.	Group III. Serving-rooms and pantries.	Group III. Serving-rooms and pantries.
Group IV. Surgical-supply rooms and clinics.	Group IV. Surgical-sup- ply rooms and clinics.	Group IV. Surgical-sup- ply rooms and clinics.	Group IV. Surgical sup- ply rooms and clinics.	Group IV. Surgical sup- ply rooms and clinics.	Group IV. Surgical-sup- ply rooms and clinics.
2-4 P.M. Class in Anat- omy and Physiology.	2-5 P.M. Dietetics and Chemistry of Foods.	2-3 P.M. Materia Medica.  3-5 P.M. Elements of Nursing.  8 P.M. Lecture, Physiology.	2-4 P.M. Class in Anat- omy and Physiology.	2-5 P.M. Dietetics and Chemistry of Foods.  8 P.M. Quiz. Physiology.	2-5 P.M. Laboratory.  Anatomy and Physiology.

“The Spring class, which entered March 12, 1902, will change in the following manner on April 23, June 4, and July 16:

- “Group I. will replace Group III.
- “Group III. will replace Group II.
- “Group II. will replace Group IV.
- “Group VI. will replace Group I.”

Miss Ann L. Pearse, of St. Luke’s, Chicago, read the following paper on “Post-Graduate Work:”

“We all seem to agree to the fact that there is a crying demand among graduate nurses for an opportunity to take a short, practical post-graduate course. Something has been done for a *few* of us, but the need for a more definite form of organized action, providing a means whereby the graduate nurse may keep herself abreast with the rapid advancement daily being made in her profession, is one of the most urgent problems confronting us to-day.

“The woman who is so fortunate as to have had two years (or three years, as is now required) in one of our large general hospitals, upon whose attending staff are *authorities* in the medical profession, is well equipped for her work as she steps forth into the world, a fresh graduate. But if the average experience of so-called private nursing falls to her lot, in a few years she not only feels her disadvantage relative to the changes and advancement made since her graduation, but the chances are that unwittingly she has narrowed down to one or two phases of her work, and *that*, more than likely, under *one* or *two* physicians only. When the opportunity for broader work presents itself, she finds she has lost or mislaid much of the good equipment with which she started



forth; nor has she had practical opportunity to acquire the up-to-date methods put into practice since 'her day.'

"Then there is our sister nurse, who, either through unfamiliarity with the extent of her needs or inability to make a broad start, began her career in a very small training-school, possibly in some hospital *specializing* its care of the sick. If she goes on with her work, how soon is she going to feel her unfitness for much that confronts her?

"Then too we all feel that there should be State registration for nurses. This means a standard whereby our fitness for nursing may be tested, and to meet this test (if it is as it should be) how greatly we need post-graduate work.

"The progressive physician to-day is obliged to make periodical trips to medical schools and hospitals for lectures and clinics; like as not, he goes abroad to get the benefit of the most advanced thought on the continent. Such a physician must have a nurse who can keep abreast with him, or she is no longer an aid. Many a physician has been compelled to put aside a one-time favorite nurse and employ a more recent and modern graduate.

"That there are all these needs and many more that cry out for post-graduate work no one familiar with the subject will deny, but the stumbling-block seems to be how to make a *start*—a start in the best way to insure a growth into an eventual solution of meeting the need of *keeping* a woman well equipped for the nursing of the sick.

"Many very wise heads say we are not yet ready to equip and maintain a post-graduate training-school working on an independent basis. If this be so, then we must still fall back on our regular training-schools to arrange in *some* manner to accommodate us until the time is ripe for the real post-graduate training-school.

"It is the *practical* more than the *theoretical* work that we need.

"Though it has been stated that colleges and universities have found it impracticable to deal with pupil and graduate at the same time, yet we know what a vital force post-graduate work is in all educational institutions, augmenting and not detracting from the important work of the under-graduate. It does not seem to be an altogether undesirable thing to make room for the graduate nurse in our present working hospital corps. Let a definite plan of action regarding the graduate nurse enter into the regular system of supplying the nursing force something *more* than a little work during the vacation time.

"A stated number of graduate nurses might be included in the regular complement of nurses required in the hospital. In this manner could be met much of the objection, so often raised, of the post-graduate usurping the place and work rightfully belonging to the pupil-nurse. The advantages which might be gained by such a system are not necessarily one sided. It would lessen the amount of raw material to be handled each year, and certainly the patient in the hospital is going to gain thereby—experienced hands rather than inexperienced hands will minister to his wants. The crowding in out-field of labor will be lessened—quality *vs.* quantity—which will be a protection to our business interests.

"The duration of time to constitute a post-graduate course could not be the same as that required for first training. We believe it quite possible to incorporate into the prescribed plan for keeping a full nursing corps some well-devised method whereby a limited number of graduate nurses may be accepted for, say, a six- or nine-months' training.

"We all feel quite convinced that the graduate can afford neither the time nor the energy to do a probationer's work again. But we believe an arrangement of duties could be so formulated as to omit much, perhaps almost in its entirety, of such work in her post-graduate course.

"I understand that not infrequently when a graduate returns to her Alma Mater for the privilege of a 'brushing up' she is inclined to desire to dictate as to the class of work she will brush up in. To pursue such a method on a large scale is bound to prove disastrous, not only to the hospital, but to the graduate herself. She is very apt to choose unwisely, and so lose much of the advantage she undertakes to obtain. We all know how attractive the operating-room is, and how absorbingly interesting it must be to get back there for work. We have so little such experience in our private work,—nor are we likely to have,—which is one reason why we make a mistake in putting the most of our time



and energies into that department, especially if we are trying to fit ourselves for better private work, as the majority must do. We also turn to the maternity ward—that is of more advantage to us, but apt to be too fascinating too. We are sure that the average nurse needs more knowledge in so-called medical nursing, especially in medical emergency, and the children's ward will be of infinite help in future work.

"There should be a compulsory routine of hours and work in the same manner as exists for the pupil-nurse. It might include something of instruction in the office management of a training-school; an insight into how all these schedules of time and work are mapped out to fit each nurse. Also something of practical hospital economics, and something of the broader work of domestic economy. We have now the advantage of a very advanced course in hospital economics at Columbia College, especially for those who desire to fit themselves for superintendents, one of the principal aims of the course being to establish and maintain uniformity in the curricula of training-schools. But a very high standard of practical knowledge is required before one is allowed to matriculate, and how many of us, with the average experience, after five years or so, feel ourselves qualified to take such a course without special preparation?

"If post-graduate work is undertaken by the training-school it would probably be necessary for the teaching force to be increased, as most of the instructors, especially the clinical instructors, are now overtaxed. Possibly this requirement might be met in a measure by the post-graduate being intrusted with the instruction of the probationer in some of the preliminary studies. We believe that there is no greater incentive to acquire knowledge than being responsible for the teaching of it to others.

"The wearing of the uniform of the school would be a matter to be settled by each hospital. It would certainly tend to the appearance of greater uniformity of system if the graduate adopted the uniform of the school while on duty in the institution, and if such should be made *compulsory*, the expense of said uniform should be met by the hospital. As to any further pay, we believe it to be unnecessary, unless it be the usual board, lodging, and limited laundry. It would be a rare instance should a nurse, after a few years of work, be not able to meet the small expenses attendant upon her living during her post-graduate course, particularly if she receive her board, etc., as suggested above. We know that it is true that not infrequently physicians, especially in the larger cities, receive requests from graduate nurses for information as to where they can obtain a post-graduate course, and many of these nurses stand ready to bear *all* their expenses and pay one, two, or even three hundred dollars for the privilege of this advanced training in an accredited school, empowered to give a certificate at the completion of the course.

"Could we not do some good, active work towards a solution of this problem if the various alumnae associations appointed committees whose business it would be to look into the matter of post-graduate work as *broadly and thoroughly* as possible and submit some plan by which a good beginning might be made?

"Many of us who have had the fortunate privilege of a broad and thorough training in a large general hospital, and then have worked outside under the ablest physicians, perhaps may find that, after all, our knowledge and experience are not inadequate for the best work, but after a few years of 'shifting' for ourselves we need the *inspiration* as well as the *guidance* to be found in the hospital, and which we can gain nowhere else."

Miss Davis moved that the discussion on the papers read be dropped, as the time was short.

The motion was seconded by Miss Keating and carried.

PRESIDENT.—This will close the general session for the afternoon. The delegates will remain for the executive session.

The delegates then went into executive session.



P.M., May 3.

EXECUTIVE SESSION.

PRESIDENT.—As the first item of business, we will hear the report of the Committee on Resolutions regarding preparatory training to be sent to the International Council of Nurses.

Miss Riddle read the following resolution:

"In view of the widespread feeling that a preliminary course of instruction is necessary, be it

"*Resolved*, That the Nurses' Associated Alumnae of the United States use its influence for the universal adoption of this course."

It was moved by Miss Fulmer and seconded by Miss Cox that the resolution be adopted.

Resolution carried.

PRESIDENT.—This resolution will be transmitted to the International Council by the secretary of the society.

PRESIDENT.—The next item of business is the report of the Committee on Resolutions.

Miss Anderson read the following report:

"I. *Resolved*, That the Nurses' Associated Alumnae of the United States, in fifth general convention assembled, extend to Miss Fulmer and her associates sincere appreciation of the thoroughly efficient and adequate manner in which the arrangements for this convention have been carried out.

"II. *Resolved*, That our thanks be extended to the Alumnae Associations of Chicago, to the various hospitals, to the Guild of St. Barnabas, to Hull House, and others who have contributed so much to our entertainment.

"III. *Resolved*, That our thanks be extended to the Class of 1902 of St. Luke's Hospital Training-School for the reception on Thursday; to the Illinois Training-School for the 'At Home' on Friday, and to the Sisters of Mercy Hospital for the clinic held by Dr. Murphy in their hospital.

"IV. *Resolved*, That our thanks are due Mr. George B. Ross, manager of the Lexington Hotel, for the extremely courteous and hospitable manner in which we have been entertained.

"V. *Resolved*, That our thanks are due Messrs. Swift & Co., Libby, McNeil & Libby, and Messrs. Armour & Co. for the courteous invitation to visit their plants at the Union Stock Yards."

PRESIDENT.—You have heard the report of the committee. What will you do with it?

MISS ROSS.—I move that we accept it.

MISS BRADFORD (Allegheny General).—I second the motion.

The motion was put and carried.

PRESIDENT.—Is there any further business?

MISS RIDDLE.—Madam President, in view of the fact that there is some question regarding the parliamentary procedure of last night of the vote on a meeting-place for next year, I desire to move that we reconsider that vote. I am only making a motion, please understand, that we reconsider it. I am not making a motion that the meeting-place be some other place, but that we simply reconsider that vote.

MRS. CUTHBERTSON.—I second the motion.

The motion was put and carried.

MISS DAVIS.—I move that Boston be the place for the next meeting.

MISS RAMSDEN.—I second the motion.



MISS DAVIS.—I want you to understand that the Boston members do not want the meeting unless they get it in an honorable manner.

The motion was put and carried, and Boston was declared to be the next place of meeting.

PRESIDENT.—If it is your pleasure, you can decide when the meeting will be held.

MISS PALMER.—I would like to say a word about the date. I know that the first of the month or near the first of the month is the most inconvenient time for members connected with institutions to attend a meeting.

MISS RIDDLE.—I move that we hold our next annual convention as near the middle of June as can be arranged for.

Seconded by Mrs. Stillhammer and carried.

PRESIDENT.—We will now hear the report of the Nominating Committee.

The committee read the following report:

“For president, Miss Damer, Miss Riddle.

“For first vice-president, Miss Fulmer, Miss Walker.

“For second vice-president, Miss Rudden, Miss Smith.

“For treasurer, Miss Healy, Miss Davis.

“For secretary, Miss Ross, Miss Thornton.”

PRESIDENT.—I thank you for your kind feeling towards me. I thought it was understood I was not a candidate for reëlection, and must ask you to make another choice.

MISS DAVIS.—Is it necessary to appoint another candidate?

PRESIDENT.—It can be made from the floor if desired.

MISS KEATING.—Madam President, now that the meeting is to be held in Boston, I think we might elect Miss Riddle by acclamation to the presidency.

MISS SPEAR.—Does Miss Damar really and positively decline to have her name used?

PRESIDENT.—It was understood some time ago. I told many of the delegates that I would not be a candidate and did not suppose my name would be brought up again.

MISS DAVIS.—The question still remains, what are we to do about it?

PRESIDENT.—I don't think it is constitutional to elect by acclamation.

Miss Palmer moved that the by-laws be suspended and Miss Riddle be elected by acclamation.

The motion was seconded and carried, and Miss Riddle was declared to be elected president.

PRESIDENT.—We will now hear the report of the election.

The secretary announced the following result:

“First vice-president, Miss Fulmer.

“Second vice-president, Miss Rudden.

“Treasurer, Miss Healy.

“Secretary, Miss Thornton.

“Chairman of the Committee on Arrangements, Miss Dolliver.”

MISS FULMER.—I feel very strongly that this is a fitting time and place to show our appreciation of the years of interest and service rendered to the Associated Alumnae by Mrs. Hunter Robb. A large part of its present standing and success is due to her, and I therefore move that the name of Mrs. Hunter Robb, as honorary president, be added to our list of officers.

The motion was seconded by Miss Thornton and adopted.



PRESIDENT.—I would like to introduce your new president to you, if she will come forward.

Miss Riddle, the new president, on assuming the chair, made the following remarks:

“OFFICERS AND MEMBERS OF THE ASSOCIATED ALUMNÆ: I want to thank you especially for your willingness to come to Boston. We might promise you several things if you come. We do promise that you shall be rocked in the cradle of liberty, but remember that Philadelphia has a cradle of liberty also. We promise that if you need an enlargement of your visible horizon, you will be taken to the top of the Bunker Hill Monument; that if you need your patriotism revived, you shall be taken to Concord; but most of all we promise you a cordial welcome.”

MISS PEARSE (St. Luke's, Chicago).—Madam President, I move we adopt the following resolution:

“*Resolved*, That this association express to Miss Damer, at this moment of her retirement, the pleasure of her personal interest, enjoyed by each member, and the appreciation of the entire association of her very efficient services.”

Seconded by Miss Stone and carried by unanimous vote.

The president announced, as there was no other business, the convention would adjourn to meet in Boston as near the middle of June as could be arranged for.

MARY E. THORNTON,  
Secretary.





## ALUMNÆ ASSOCIATIONS HAVING A FULL MEMBERSHIP IN THE NATIONAL ASSOCIATION

---

- ALLEGHENY GENERAL HOSPITAL, ALLEGHENY, PA.,  
 Secretary, MISS ISABEL CHAYTOR,  
 1209 Resaca Place, Allegheny, Pa.
- AUGUSTANA HOSPITAL, CHICAGO,  
 Secretary, MISS HELEN M. BLOMSTRAND,  
 531 Garfield Avenue, Chicago, Ill.
- BELLEVUE HOSPITAL, NEW YORK,  
 Secretary, MISS ELIZABETH LAIRD,  
 143 East Thirtieth Street, New York City, N. Y.
- BOSTON CITY HOSPITAL,  
 Secretary, MISS ELIZABETH C. FAIRBANK,  
 2150 Dorchester Avenue, Dorchester, Mass.
- BOSTON AND MASSACHUSETTS GENERAL HOSPITAL TRAINING-SCHOOLS,  
 Secretary, MISS EMMA ANDERSON,  
 New England Baptist Hospital, Parker Hill Avenue, Boston, Mass.
- BROOKLYN HOSPITAL,  
 Secretary, MISS HARRIET M. SOULE,  
 160 Joralemon Street, Brooklyn, N. Y.
- BROOKLYN HOMŒOPATHIC HOSPITAL,  
 Secretary, MISS E. L. BLAIR,  
 216 Adelphi Street, Brooklyn, N. Y.
- BUFFALO GENERAL HOSPITAL,  
 Secretary, MISS M. A. VAN EVERY,  
 187 Masten Street, Buffalo, N. Y.
- COLUMBIA AND CHILDREN'S HOSPITALS, WASHINGTON, D. C.,  
 Secretary, MISS ELIZABETH M. HEWITT,  
 The Children's Hospital, Washington, D. C.
- ERIE COUNTY HOSPITAL, BUFFALO,  
 Secretary, care of MISS E. J. KEATING,  
 Erie County Hospital, Buffalo, N. Y.
- FARRAND TRAINING-SCHOOL, DETROIT,  
 Secretary, MISS MARGARET LITTLE,  
 191 Farnsworth Avenue, Detroit, Mich.
- GARFIELD MEMORIAL HOSPITAL,  
 Secretary, MISS HELEN W. GARDINER,  
 The Victoria, Washington, D. C.
- GRACE HOSPITAL, DETROIT,  
 Secretary, MISS ELIZABETH MILLER,  
 116 Lincoln Avenue, Detroit, Mich.
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 Secretary, MISS LAURA HALTERN,  
 155 East Eighty-third Street, New York City, N. Y.
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 Secretary, MISS MARGARET B. GRIFFIN,  
 5613 Drexel Avenue, Chicago, Ill.



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1034 Prospect Avenue, Hartford, Conn.

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Secretary, MISS EVA GARDINER,

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454 West Congress Street, Chicago, Ill.

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LAKEVIEW HOSPITAL, CHICAGO,

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163 Congress Street, Brooklyn, N. Y.

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5 Merrill Street, Portland, Me.

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Massachusetts Homœopathic Hospital, Boston, Mass.

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3027 Indiana Avenue, Chicago, Ill.

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Michael Reese Hospital, Chicago, Ill.

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Secretary, MISS FERN I. FOX,

Wauwatosa, Wis.

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186 Ellsworth Avenue, New Haven, Conn.

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NEW YORK POST-GRADUATE HOSPITAL,

Secretary, MISS FLORENCE COLPAS,

143 East Thirty-fifth Street, New York City, N. Y.

ORANGE MEMORIAL HOSPITAL,

Secretary, MISS B. DRUGE,

449 Main Street, Orange, N. J.

PATERSON GENERAL HOSPITAL,

Secretary, MRS. JANETTE PETERSON,

Bayonne Hospital, Bayonne, N. J.



- PENNSYLVANIA HOSPITAL, PHILADELPHIA,  
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Pennsylvania Hospital, Philadelphia, Pa.
- PRESBYTERIAN HOSPITAL, NEW YORK,  
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41 East Fortieth Street, New York City, N. Y.
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1133 Girard Avenue, Philadelphia, Pa.
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78 Broad Street, Providence, R. I.
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17 Fulton Avenue, Rochester, N. Y.
- ROCHESTER HOMŒOPATHIC HOSPITAL,  
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44 Graham Street, Rochester, N. Y.
- ROOSEVELT HOSPITAL, NEW YORK,  
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711 East Eighteenth Street, Paterson, N. J.
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Secretary, MISS ANNA LOUISE PEARSE,  
6505 Stewart Avenue, Chicago, Ill.
- ST. LUKE'S HOSPITAL, NEW YORK,  
Secretary, MISS EDITH HOOPER,  
320 West Fifty-sixth Street, New York City, N. Y.
- ST. LUKE'S HOSPITAL, ST. PAUL, MINN.,  
Secretary, MISS MARY WOOD,  
375 Macubin Street, St. Paul, Minn.
- ST. MARY'S HOSPITAL, BROOKLYN,  
Secretary, MISS M. GUNN MACDONELL,  
155 Dean Street, Brooklyn, N. Y.
- TOLEDO HOSPITAL,  
Secretary, MISS AILEEN J. TURNER,  
3213 Franklin Avenue, Toledo, O.
- UNIVERSITY OF MARYLAND HOSPITAL, BALTIMORE,  
Secretary, MISS ELEANOR MAYES,  
21 North Carey Street, Baltimore, Md.
- UNIVERSITY OF MICHIGAN HOSPITAL,  
Secretary, MISS MARY C. HAARER,  
113 West Liberty Street, Ann Arbor, Mich.
- UNIVERSITY OF PENNSYLVANIA, PHILADELPHIA,  
Secretary, MISS NELLIE M. CASEY,  
1919 Ellsworth Street, Philadelphia, Pa.



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New England Hospital, Roxbury, Mass.

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Secretary, Miss FLORA ROWELL,

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Secretary, Miss JESSIE L. MARRINER.

ST. LUKE'S HOSPITAL, SOUTH BETHLEHEM, PA.,

Secretary, MRS. H. THRELKELD-EDWARDS,

Fourth Street, South Bethlehem, Pa.

**ALLEGHENY GENERAL HOSPITAL ALUMNÆ.**

Alexander, Miss Anna.....	Pacific Avenue, East End, Pittsburg, Pa.
Alexander, Miss Virginia.....	1209 Resaca Place, Allegheny, Pa.
Aughinbaugh, Miss Naomi.....	6230 Bond Street, East End, Pittsburg, Pa.
Black, Miss Mary A.....	713 Arch Street, Allegheny, Pa.
Boggs, Mrs. Cornelia.....	Perrysville Avenue and Charles Street, Allegheny, Pa.
Bradford, Miss Flora L.....	713 Arch Street, Allegheny, Pa.
Brainard, Miss M. J.....	Sharon, Pa.
Braine, Miss Rosanna.....	1209 Resaca Place, Allegheny, Pa.
Briggs, Miss Rosanna.....	826 Federal Street, Allegheny, Pa.
Brown, Miss Anna M.....	6230 Bond Street, East End, Pittsburg, Pa.
Brown, Miss Emma.....	509 Oakland Avenue, Pittsburg, Pa.
Brown, Miss Maud.....	Edgewood Park, Edgewood, Pa.
Buck (Mooney), Mrs. Blanche.....	Elmira, N. Y.
Caphhey (McCormack), Mrs. Maude.....	Economy, Pa.
Chaytor, Miss Isabel.....	1209 Resaca Place, Allegheny, Pa.
Cochran, Miss Della.....	713 Arch Street, Allegheny, Pa.
Coffman, Miss Margaret.....	Apollo, Pa.
Collumn, Miss Josephine.....	6117 Hoeveler Street, East End, Pittsburg, Pa.
DeNeen, Miss Julia.....	1241 Monterey Street, Allegheny, Pa.
Detwiler, Miss Elizabeth.....	Bellevue, Pa.



Duff, Miss Ella.....	711 Arch Street, Allegheny, Pa.
Dunn, Miss Gertrude.....	1241 Monterey Street, Allegheny, Pa.
Dunn, Miss Margaret.....	1241 Monterey Street, Allegheny, Pa.
Findlay, Miss Barbara.....	826 Federal Street, Allegheny, Pa.
Fisher (Froelich), Mrs. Freida.....	1243 Buena Vista Street, Allegheny, Pa.
Fletcher, Miss Adelaide.....	509 Pitt Street, Wilkinsburg, Pa.
Fletcher, Miss Mary J.....	509 Pitt Street, Wilkinsburg, Pa.
Freezman (Gunther), Miss Irma.....	Adam Street, Allegheny, Pa.
Glemser, Miss Ida.....	1209 Resaca Place, Allegheny, Pa.
Gray, Miss Nannie.....	903 Arch Street, Allegheny, Pa.
Grimm, Miss Laura.....	Asheville, N. C.
Harding (Miller), Mrs. Sara.....	Blairsville, Pa.
Harley (Kerr), Mrs. Emma.....	Bellevue, Pa.
Harper, Miss Belle.....	711 Arch Street, Allegheny, Pa.
Harper, Miss Sara.....	320 Ophelia Street, East End, Pittsburg, Pa.
Hendrickson, Miss Helen.....	250 North Avenue, Allegheny, Pa.
Hepler, Miss Minnie.....	320 Ophelia Street, East End, Pittsburg, Pa.
Hill, Miss Mary J.....	130 Huron Street, Green Point, Brooklyn, N. Y.
Holmes, Miss Elizabeth.....	1528 Buena Vista Street, Allegheny, Pa.
Kebler (Coy), Mrs. Teresa.....	Vandergrift, Pa.
Keebler, Miss Lizette.....	1703 Tremont Street, Allegheny, Pa.
Kenny, Miss Mary A.....	8 Breckenridge Avenue, Pittsburg, Pa.
Kent, Miss Minnie.....	711 Arch Street, Allegheny, Pa.
Krissinger, Miss Gertrude.....	6230 Bond Street, East End, Pittsburg, Pa.
Kuns, Miss Annie.....	710 Sandusky Street, Allegheny, Pa.
Lafferty, Miss Phœbe.....	253 Emerson Street, East End, Pittsburg, Pa.
Limberg, Miss Emma.....	Butler, Pa.
Limberg, Miss Norah.....	713 Arch Street, Allegheny, Pa.
Linn, Mrs. Mary.....	Sheffield Street, Allegheny, Pa.
Lohr, Miss K. Estelle.....	Allegheny General Hospital, Allegheny, Pa.
Macmillan, Miss M. Estelle.....	1209 Resaca Place, Allegheny, Pa.
Marquis, Miss Winnie.....	Jumonville, Pa.
McCandles, Miss Sarah.....	5644 Rippey Street, East End, Pittsburg, Pa.
McCollough, Miss Maud.....	711 Arch Street, Allegheny, Pa.
McCollough, Miss Jeannette.....	1209 Resaca Place, Allegheny, Pa.
McFarren, Miss Anna.....	711 Arch Street, Allegheny, Pa.
McKinley, Miss Lida.....	919 Taylor Avenue, St. Louis, Mo.
McKinley, Miss Margaret.....	919 Taylor Avenue, St. Louis, Mo.
Mellinger, Miss Lucy.....	1241 Monterey Street, Allegheny, Pa.
Miller, Miss Birdie R.....	5644 Rippey Street, East End, Pittsburg, Pa.
Miller (Krissinger), Mrs. Charlotte L.....	313 Matilda Street, Pittsburg, Pa.
Mitchell, Miss Margaret K.....	1328 Federal Street, Allegheny, Pa.
Orr, Miss Margaret L.....	1503 Buena Vista Street, Allegheny, Pa.
Orr, Miss M. Beatrice.....	1703 Fremont Street, Allegheny, Pa.
Parker (McCollough), Mrs. Gertrude.....	Emick Flats, North Avenue, Allegheny, Pa.
Parrish, Miss Nell.....	152 Taggart Street, Allegheny, Pa.
Parry, Miss Jessica.....	Waynesburg, Pa.
Peacock (Johnson), Mrs. Anna.....	Rochester, Pa.
Plotner, Miss Lois.....	1209 Resaca Place, Allegheny, Pa.
Pugh, Miss Edelp.....	416 Sandusky Street, Allegheny, Pa.
Quinon, Miss Alice.....	6332 Howe Street, Pittsburg, Pa.



Reeceman, Miss Talitha.....	Young Women's Christian Association, East End, Pittsburg, Pa.
Renner, Miss Elizabeth J.....	Polyclinic Hospital, Philadelphia, Pa.
Rightmeyer (Ferguson), Mrs. Dorothy.....	Loyalhanna, Pa.
Robb (Lawson), Mrs. Maud.....	La Junta, Col.
Roof, Miss Ermina.....	416 Sandusky Street, Allegheny, Pa.
Rush, Miss Othelia.....	Buena Vista Street, Allegheny, Pa.
Schmucker (Swartz), Mrs. Laura.....	University Avenue, Allegheny, Pa.
Shotte, Miss Laura.....	152 Taggart Street, Allegheny, Pa.
Skirball, Miss Mildred.....	515 Eighth Avenue, Homestead, Pa.
Smith, Miss Lucinda.....	509 Pitt Street, Wilkinsburg, Pa.
Spahr, Miss Mabel I.....	1209 Resaca Place, Allegheny, Pa.
Speer, Miss Elizabeth.....	2452 Fifth Avenue, Pittsburg, Pa.
Stanford, Miss Gertrude.....	903 Arch Street, Allegheny, Pa.
Stevens, Miss Nellie.....	Steubenville Hospital, Steubenville, Ohio
Tanglinger, Miss Daisy.....	Latrobe, Pa.
Taylor, Miss Mary.....	Philadelphia, Pa.
Thompson, Miss.....	Los Angeles, Cal
Toy (McFeaters), Mrs. Anna.....	711 Arch Street, Allegheny, Pa.
Trevitt, Miss Flora.....	Perrine, Pa.
Trimble, Miss Sara.....	1209 Resaca Place, Allegheny, Pa.
Tunney, Miss.....	Perrysville Avenue and Charles Street, Allegheny, Pa.
Veasey, Miss Elizabeth.....	Sheffield Street, Allegheny, Pa.
Vogel, Miss Marie.....	Baltimore, Md.
Welsh (Herzog), Mrs. Pauline.....	Bellevue, Pa.
Winlow, Dr. Isabella.....	6009 Penn Avenue, East End, Pittsburg, Pa.
Wolf, Miss Caroline.....	5644 Rippey Street, East End, Pittsburg, Pa.

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Johnson, Mrs.....	329 Collins Avenue, East End, Pittsburg, Pa.
Johnson, Mrs. Emily.....	Eufulen, Kameren, West Africa
Perkins, Miss C. E.....	Philadelphia, Pa.
Pierson, Miss A. E.....	Allegheny General Hospital, Allegheny, Pa.

## BELLEVUE HOSPITAL ALUMNÆ.

Albers, Miss Emma.....	10 West Fifty-fourth Street, New York City, N. Y.
Antisdale, Miss Alice.....	86 Park Avenue, New York City, N. Y.
Bannister, Miss Lucy E.....	15 Livingston Place, New York City, N. Y.
Belt, Miss Rachel G.....	146 West Sixteenth Street, New York City, N. Y.
Bentley, Miss Ida M.....	123 East Twenty-eighth Street, New York City, N. Y.
Berry, Mrs. Inez T.....	452 Pine Street, Providence, R. I.
Betts, Miss Julia .....	137 East Thirty-third Street, New York City, N. Y.
Boggs, Miss E. A.....	571 Lexington Avenue, New York City, N. Y.
Bohling, Mrs. Mary.....	131 East Forty-third Street, New York City, N. Y.
Boyle, Miss Mary A.....	330 South Exchange Street, St. Paul, Minn.
Brennan, Miss Agnes S....	426 East Twenty-sixth Street, New York City, N. Y.
Brennan, Miss Annie.....	409 East Sixty-fourth Street, New York City, N. Y.
Cahoon, Miss Clara B.....	1489 Pacific Street, Brooklyn, N. Y.
Cameron, Miss M. E.....	140 East Thirty-first Street, New York City, N. Y.
Chamberlain, Miss Sarah B....	146 East Thirtieth Street, New York City, N. Y.
Chandler, Miss Harriet.....	589 Amsterdam Avenue, New York City, N. Y.



Clark, Miss M. S.....	49 East Seventy-third Street, New York City, N. Y.
Craig, Mrs. J. Neville (Edith Murray) .....	Florence, Italy
Crippen, Miss Marcia E.....	153 Lexington Avenue, New York City, N. Y.
Croxall, Miss Catharine.....	6 West Fifty-sixth Street, New York City, N. Y.
Dall, Miss Alice E.....	Westhampton, L. I.
Damer, Miss Annie.....	76 Huron Street, Buffalo, N. Y.
Dennis, Miss Frances A.....	515 Lexington Avenue, New York City, N. Y.
Derlin, Mrs. J. W. (Clara Harrigan) .....	128 Norfolk Street, Newark, N. J.
Dewey, Miss Richard (M. E. Brown) .....	Wauwatosa, Wis.
Diamond, Miss Kate.....	230 East Twenty-first Street, New York City, N. Y.
Dock, Miss L. L.....	265 Henry Street, New York City, N. Y.
Downes, Miss Ella.....	129 Pierpont Street, Brooklyn, N. Y.
Dunn, Miss Katherine.....	591 Amsterdam Avenue, New York City, N. Y.
Dwyer, Miss Delia.....	141 West Thirty-sixth Street, New York City, N. Y.
Elston, Miss Lida.....	74 West Thirty-fifth Street, New York City, N. Y.
Emmons, Miss Alice.....	515 Lexington Avenue, New York City, N. Y.
Field, Miss Virginia.....	6 East Forty-second Street, New York City, N. Y.
Fitzpatrick, Miss Gladys C.....	1060 Lexington Avenue, New York City, N. Y.
Fowler, Miss E. J.....	146 East Thirtieth Street, New York City, N. Y.
Franklin, Miss Anna.....	Hinton, West Va.
Fraser, Miss Helen E.....	416 East Twenty-sixth Street, New York City, N. Y.
Galbraith, Mrs. Gaspar (Mary M'Kenzie) .....	40 West Fortieth Street, New York City, N. Y.
Givens, Miss Rachel.....	217 East Twenty-seventh Street, New York City, N. Y.
Gladding, Mrs. Agnes S....	416 East Twenty-sixth Street, New York City, N. Y.
Green, Miss Lotta.....	31 Green Street, Kingston, N. Y.
Hamilton, Miss Mildred...	234 West Twenty-first Street, New York City, N. Y.
Harner, Dr. Harriet.....	551 Massachusetts Avenue, Boston, Mass.
Harrington, Miss Mary E..	128 East Thirty-fourth Street, New York City, N. Y.
Hawthorne, Mrs. H. W.....	400 Fifth Avenue, Asbury Park, N. J.
Hayward, Miss Louise.....	Portchester, N. Y., care of Mrs. Oliver Harriman
Hemple, Miss Mary E.....	136 Astor Street, Chicago, Ill.
Holmes, Miss A. F.....	139 Lexington Avenue, New York City, N. Y.
Holmes, Miss Emma.....	54 East Thirty-first Street, New York City, N. Y.
Hope, Miss Margaret.....	234 West Twenty-first Street, New York City, N. Y.
Hopkins, Miss Jean.....	149 East Fifty-fourth Street, New York City, N. Y.
Huffcutt, Miss Lillian.....	3700 California Street, San Francisco, Cal.
Jagger, Miss Margaret F....	18 West Fifty-eighth Street, New York City, N. Y.
Janes, Miss M. L.....	15 Livingston Place, New York City, N. Y.
Janney, Miss Mary C.....	2023 Pratt Street, East Baltimore, Md.
Jennings, Mrs. David D....	214 East Seventeenth Street, New York City, N. Y.
Kellam, Miss Susan P....	141 West Thirty-sixth Street, New York City, N. Y.
Kerr, Miss Emily H.....	515 Lexington Avenue, New York City, N. Y.
Kimber, Miss Diana C.....	73 Lansdowne Road, Notting Hill, London, West, Eng.
Kramer, Miss Elin K.....	Lackawanna Hospital, Scranton, Pa.
Lampé, Miss E. H.....	16 East Sixty-second Street, New York City, N. Y.
Laud, Miss Elizabeth.....	143 East Thirtieth Street, New York City, N. Y.
Law, Miss C. M.....	131 East Forty-third Street, New York City, N. Y.
Leary, Miss Margaret.....	145 Second Avenue, New York City, N. Y.
Lee, Mrs. Caroline W.....	Frenchtown, N. J.
Leigh, Miss A. L.....	132 West Forty-fourth Street, New York City, N. Y.



Leighton, Miss Frances J....	310 East Eighteenth Street, New York City, N. Y.
Littlefield, Miss Mary S....	Superintendent Episcopal Hospital, Philadelphia, Pa.
Longeway, Miss M. Louise...	151 East Fifty-fourth Street, New York City, N. Y.
Loughborough, Miss Eliza...	141 West Thirty-sixth Street, New York City, N. Y.
Lowe, Miss A. H.....	131 East Forty-third Street, New York City, N. Y.
Macdonald, Miss M. E.....	Manila, P. I.
Mackay, Miss Marie M...	217 East Twenty-seventh Street, New York City, N. Y.
Macy, Miss Macy.....	220 West Sixty-ninth Street, New York City, N. Y.
Magurk, Miss Margaret...	10 East Twenty-eighth Street, New York City, N. Y.
Marsh, Miss Emma.....	143 East Thirtieth Street, New York City, N. Y.
McMillan, Miss Mary.....	143 East Thirtieth Street, New York City, N. Y.
McVeau, Miss Mary.....	Woodstock, Vt.
McVeau, Miss Sarah.....	2 Caton Avenue, Brooklyn, N. Y.
Merrick, Miss Mary B...	217 East Twenty-seventh Street, New York City, N. Y.
Merritt, Miss M. Isabel.....	Cherry Valley, N. Y.
Miner, Miss Mary.....	146 East Thirtieth Street, New York City, N. Y.
Minnigerode, Miss Lucy.....	818 Seventeenth Street, Washington, D. C.
Moore, Miss Gertrude.....	Havana, Cuba
Morse, Mrs. Hester A.....	758 Union Street, Brooklyn, N. Y.
Mostow, Miss E. E.....	515 Lexington Avenue, New York City, N. Y.
Oakley, Miss Lillian.....	43 East Twenty-first Street, New York City, N. Y.
Odell, Miss Annie S.....	2112 North Twelfth Street, Philadelphia, Pa.
Paulding, Miss Emma H...	126 East Twenty-ninth Street, New York City, N. Y.
Penny, Miss Rosa J.....	589 Amsterdam Avenue, New York City, N. Y.
Pentland, Miss Ruth....	217 East Twenty-seventh Street, New York City, N. Y.
Perkins, Miss Lida.....	51 East Twenty-ninth Street, New York City, N. Y.
Price, Miss Ruth M.....	146 East Thirtieth Street, New York City, N. Y.
Pring, Miss Mary H.....	381 Central Park, West, New York City, N. Y.
Randall, Mrs. Mary.....	165 West Fifty-eighth Street, New York City, N. Y.
Reading, Miss E. M.....	137 East Thirty-third Street, New York City, N. Y.
Reading, Miss M. A.....	137 East Thirty-third Street, New York City, N. Y.
Remington, Miss Florence....	143 East Thirtieth Street, New York City, N. Y.
Rhodes, Miss Annie....	202 West Seventy-fourth Street, New York City, N. Y.
Rich, Miss Kate.....	515 Lexington Avenue, New York City, N. Y.
Richards, Miss Linda (Honorary Member).....	State Hospital, Taunton, Mass.
Rigby, Miss Agnes L.....	15 Livingston Place, New York City, N. Y.
Robb, Mrs. Hunter.....	Nottingham, Ohio
Runyan, Miss Virginia.....	408 East Sixty-fifth Street, New York City, N. Y.
Saddington, Miss Eleanor A.....	Bensonhurst, L. I.
Scanlan, Miss Annie.....	144 West Forty-ninth Street, New York City, N. Y.
Scarlett, Miss J. Amelia....	131 East Forty-third Street, New York City, N. Y.
Schenk, Miss Annie.....	Flemington, N. J.
Sexton, Mrs. S. N.....	141 West Thirty-sixth Street, New York City, N. Y.
Shaw, Miss Sara E.....	137 East Thirty-third Street, New York City, N. Y.
Shearer, Miss H. A.....	515 Lexington Avenue, New York City, N. Y.
Shearer, Miss Kate.....	Sanford Hall, Flushing, L. I.
Shoemaker, Mrs. S. C.....	131 East Forty-third Street, New York City, N. Y.
Slack, Miss M. R.....	1711 Cherry Street, Toledo, Ohio
Slayton, Miss M. S.....	6 East Forty-second Street, New York City, N. Y.
Slee, Miss Annie L.....	Superintendent Woman's Hospital, Syracuse, N. Y.
Smith, Miss Janie E.....	515 Lexington Avenue, New York City, N. Y.



Snively, Miss M. A.....	Superintendent General Hospital, Toronto, Can.
Snyder, Miss Emma L.....	48 West Fifty-eighth Street, New York City, N. Y.
Starr, Miss Lida G.....	131 East Forty-third Street, New York City, N. Y.
Summey, Miss M. E.....	416 East Twenty-sixth Street, New York City, N. Y.
Treacy, Miss Kate A.....	803 Madison Avenue, New York City, N. Y.
Turner, Miss A. R.....	Las Animas Hospital, Havana, Cuba
Turner, Mrs. Mary.....	227 West One-hundred-and-Forty-second Street, New York City, N. Y.
Underhill, Miss Ella.....	
Van Alen, Miss Maria..	217 East Twenty-seventh Street, New York City, N. Y.
Van Duesen, Miss Dana.....	Pennoyer Sanitarium, Kenosha, Wis.
Van Meter, Miss Mabelle.....	166 Lexington Avenue, New York City, N. Y.
Wadley, Miss Mary E.....	144 East Sixtieth Street, New York City, N. Y.
Wagner, Miss Frieda A.....	367 Third Avenue, New York City, N. Y.
Walker, Mrs. Thomas J. (Miss M. E. Dreyer) .....	Philippine Islands
Ward, Miss Clara A.....	50 West Thirty-sixth Street, New York City, N. Y.
Warren, Miss Alice M.....	34 West Twenty-fourth Street, New York City, N. Y.
Warren, Miss Cora.....	34 West Twenty-fourth Street, New York City, N. Y.
West, Miss Susan.....	Petersville, Md.
Wheeler, Miss Margaret..	126 East Twenty-ninth Street, New York City, N. Y.
Whition, Miss Alice M.....	Adams, Jefferson County, N. Y.
Williard, Mrs. Ada.....	Mills Training-School, 431 East Twenty-sixth Street, New York City, N. Y.
Woodworth, Miss M.....	Stanford University, California
Wright, Mrs. Emily.....	131 East Forty-third Street, New York City, N. Y.
Yaekel, Miss Katharine.....	Luzon, P. I.

#### BOSTON CITY HOSPITAL ALUMNÆ.

Ackerman, Miss Ruth M., 1900.....	563 Massachusetts Avenue, Boston, Mass.
Adams, Miss Ruthett, 1887.....	Warren, Mass.
Allen, Miss Ella M., 1894.....	Leonard Morse Hospital, Natick, Mass.
Ames, Mrs. E. J. McGeachy, 1891.....	72 Chestnut Street, Boston, Mass.
Anderson, Miss Janet, 1891.....	96 West Newton Street, Boston, Mass.
Annis, Miss Mary L., 1893.....	South Department, The Boston City Hospital, Boston, Mass.
Banks, Miss Christinia J., 1898.....	124 Lewis Street, Ottawa, Can.
Barker, Miss Mary, 1897.....	175 Prospect Street, Lawrence, Mass.
Barr, Miss M. Elizabeth, 1884.....	Eliott Hospital, Manchester, N. H.
Barr, Miss Martha S., 1892.....	Indian Industrial School, Carlisle, Pa.
Bassett, Miss Ruth A., 1886.....	44 Concord Square, Boston, Mass.
Bevan, Miss Mary, 1897.....	43 St. Botolph Street, Boston, Mass.
Bliss, Miss Abbie A., 1889.....	125 Warren Avenue, Boston, Mass.
Boswall, Miss Emily O., 1888.....	31 Dartmouth Street, Boston, Mass.
Bowen, Miss Sara A., 1896.....	The Boston City Hospital, Boston, Mass.
Brackett, Miss Bertha, 1897.....	Cambridge Hospital, Cambridge, Mass.
Bradbury, Mrs. Mary E., 1886.....	47 North Bow Street, Milford, Mass.
Braman, Miss Adelia B., 1885.....	4 Columbus Square, Boston, Mass.
Brett, Mrs. Alice M. Whitehead, 1900.....	West Virginia
Brewster, Miss Lydia A., 1891.....	1 Chestnut Street, Exeter, N. H.



Brown, Miss Charlotte A., 1897.....	Hartford Hospital, Hartford, Conn.
Burritt, Miss Anna C., 1899.....	4 Marlborough Street, Boston, Mass.
Callaghan, Miss Margaret, 1898.....	334 Massachusetts Avenue, Boston, Mass.
Cardall, Miss Alice E., 1893.....	29 Upton Street, Boston, Mass.
Catton, Miss Jessie E., 1900 .....	The Boston City Hospital, Boston, Mass.
Chamberlain, Miss Annie C., 1890.....	85 Francis Street, Brookline, Mass.
Cheney, Miss Berthiah, 1900.....	563 Massachusetts Avenue, Boston, Mass.
Chisholm, Miss Henrietta B., 1891.....	19 Bishop Street, Montreal, Can.
Clark, Miss Alice L., 1900..	Woman's Charity Club Hospital, Parker Hill Avenue, Roxbury, Mass.
Coleman, Miss Laura E., 1899.....	4 Marlborough Street, Boston, Mass.
Coleman, Miss Louise M., 1895.....	Boyle, Ontario, Can.
Collingwood, Miss Mary E., 1888.....	4 Winter Street, Plymouth, Mass.
Comey, Miss Mary E., 1891.....	7 Maple Avenue, Haverhill, Mass.
Crawford, Miss Cornelia H., 1894.....	National Home, Togus, Me.
Dana, Miss Charlotte W., 1893.....	29 Upton Street, Boston, Mass.
Davy, Miss Minerva J., 1897.....	31 Dartmouth Street, Boston, Mass.
Deeg, Miss Margaret K., 1896.....	709 Centre Street, Jamaica Plain, Mass.
Dow, Mrs. Gertrude Thresher, 1894.....	21 Woburn Street, Reading, Mass.
Drake, Mrs. Mary L. Drown, 1883.....	Lakeport, N. H.
Drown, Miss Lucy L., 1884.....	The Boston City Hospital, Boston, Mass.
Dudley, Miss S. Jennie, 1887.....	Whitinsville, Mass.
Duffy, Miss Rose A., 1883.....	65 Concord Avenue, Cambridge, Mass.
Eagar, Miss Theodora H., 1896.....	The Boston City Hospital, Boston, Mass.
Eckert, Miss Marie T., 1895.....	125 Pembroke Street, Boston, Mass.
Elliott, Miss Emma T., 1892.....	Leonard Morse Hospital, Natick, Mass.
Emerson, Miss Sarah W., 1883.....	15 Broadway Extension, Boston, Mass.
Ervin, Miss Belinda P., 1897.....	3 Cambridge Terrace, Allston, Mass.
Evans, Miss Grace G., 1899.....	1 Columbus Square, Boston, Mass.
Fairbank, Miss Elizabeth C., 1892.....	2150 Dorchester Avenue, Dorchester, Mass.
Farrand, Miss Sarah E., 1895.....	591 Tremont Street, Boston, Mass.
Fay, Miss Elizabeth J., 1887.....	Sherborn, Mass.
Foley, Miss Susan M., 1894.....	152 West Concord Street, Boston, Mass.
Forbes, Miss Kathleen, 1898.....	The Boston City Hospital, Boston, Mass.
Fraser, Miss Mary, 1901.....	7 Newbury Street, Boston, Mass.
Froude, Miss Annie V., 1898.....	547 Massachusetts Avenue, Boston, Mass.
Fuller, Mrs. Cora N. Worth, 1896.....	South Natick, Mass.
Galligan, Miss Agnes J., 1896.....	334 Massachusetts Avenue, Boston, Mass.
Ganong, Miss Marion, 1900.....	1 Columbus Square, Boston, Mass.
Glen, Miss Jessie J., 1885.....	University Hospital, Philadelphia, Pa.
Godvin, Miss Julia A., 1894.....	25 Keyes Street, Jamaica Plain, Mass.
Gordon, Miss Ella M., 1888.....	362 Commonwealth Avenue, Boston, Mass.
Goudey, Mrs. Clara J., 1895.....	175 Massachusetts Avenue, Boston, Mass.
Grant, Miss Charlotte F., 1890.....	Needham, Mass.
Grignon, Miss Lodina A., 1894.....	152 West Concord Street, Boston, Mass.
Gross, Miss Lucetta J., 1891.....	The Grace Hospital, Detroit, Mich.
Guild, Miss Annie K., 1896.....	7 Line Street, Cambridge, Mass.
Gwinnell, Mrs. Amy Denton, 1894.....	44 Copeland Street, Roxbury, Mass.
Hahn, Miss Mary A., 1887.....	43 St. Botolph Street, Boston, Mass.
Hall, Miss Helen M., 1881.....	24 Milton Avenue, Dorchester, Mass.
Harris, Miss Ida M., 1901.....	The Boston City Hospital, Boston, Mass.



- Hart, Miss Grace M., 1892.....934 Beacon Street, Longwood, Mass.  
Hentig, Miss Elizabeth, 1896.....The Boston City Hospital, Boston, Mass.  
Hess, Miss Clara, 1900.....Milton, Pa.  
Hight, Miss Myra C., 1883.....44 Concord Square, Boston, Mass.  
Hill, Miss Jessie G., 1901.....Exeter Cottage Hospital, Exeter, N. H.  
Hill, Miss Mina P., 1883.....397 Boylston Street, Boston, Mass.  
Hill, Miss Susie J., 1892.....7 Thomas Street, Jamaica Plain, Mass.  
Hilt, Miss Sarah E., 1891.....31 Dartmouth Street, Boston, Mass.  
Hodgson, Miss Alice M., 1888...Whidden Memorial Hospital, Fairmount Avenue,  
Everett, Mass.  
Hogle, Miss Alma C., 1893.....Somerville Hospital, Somerville, Mass.  
Hood, Miss Ray, 1893.....192 Beacon Street, Boston, Mass.  
Hughes, Miss Catherine, 1894.....152 West Concord Street, Boston, Mass.  
Hughes, Miss Julia K., 1899.....362 Commonwealth Avenue, Boston, Mass.  
Hughes, Dr. Laura A. C., 1882.....397 Boylston Street, Boston, Mass.  
Hutcheson, Miss Alice M. M., 1898.....32 Linden Street, Brookline, Mass.  
Hutt, Miss Frances, 1897.....104 Myrtle Street, Boston, Mass.  
Illsley, Miss Helen H., 1894.....213 Huntington Avenue, Boston, Mass.  
Irving, Miss Annie E., 1895.....Somerville Hospital, Somerville, Mass.  
Johnson, Mrs. Margaret E., 1899.....1 Columbus Square, Boston, Mass.  
Jones, Miss Emma J., 1888.....Rochester City Hospital, Rochester, N. Y.  
Jones, Miss Lida, 1889.....44 Concord Square, Boston, Mass.  
Jones, Miss Mary A., 1897.....37 Blossom Street, Boston, Mass.  
Kenney, Miss Mary E., 1887.....11 Nonantum Street, Newton, Mass.  
Kenney, Mrs. Esther L., 1894.....337 Warren Street, Roxbury, Mass.  
Kier, Miss Marie S., 1899.....1 Columbus Square, Boston, Mass.  
Kinney, Miss Emma F., 1897.....Hartford Hospital, Hartford, Conn.  
Knight, Miss Delia, 1891.....48 Central Street, Andover, Mass.  
Lake, Miss Alice M., 1901.....The Boston City Hospital, Boston, Mass.  
Lapsley, Miss Helen, 1901.....The Presbyterian Hospital, New York City, N. Y.  
Lazier, Miss Bertha M., 1897.....Hartford Hospital, Hartford, Conn.  
Lord, Miss Inez C., 1896.....South Department, The Boston City Hospital,  
Boston, Mass.  
Lothrop, Mrs. Sarah L. Richardson, 1889.....Leominster, Mass.  
Lovewell, Mrs. Helen Worthley, 1895..1158 Westminster Street, Providence, R. I.  
MacDonald, Miss Jessie, 1891.....Redlands, Cal.  
Mackay, Miss M. A. C., 1900.....Leonard Morse Hospital, Natick, Mass.  
MacKelvie, Miss Annie S., 1896.....Brockton Hospital, Brockton, Mass.  
Mackie, Miss Frances L., 1887.....39 Brook Avenue, Toronto, Can.  
Madill, Miss Mary E., 1898.....The Boston City Hospital, Boston, Mass.  
Martin, Mrs. Marion A., 1886.....9 Turner Street, Boston, Mass.  
Maxwell, Miss Anna C., 1880..The Presbyterian Hospital, New York City, N. Y.  
McBride, Miss Lucy J., 1883.....12 Cumberland Street, Boston, Mass.  
McCulloch, Miss Ada, 1893.....81 Worcester Street, Boston, Mass.  
McDonald, Miss Isabelle, 1899.....690 Massachusetts Avenue, Boston, Mass.  
McGowen, Miss Elizabeth T., 1897.....21 Hall Place, West Quincy, Mass.  
McHugh, Miss Ellen, 1900.....563 Massachusetts Avenue, Boston, Mass.  
McInnis, Miss Elizabeth C., 1898.....690 Massachusetts Avenue, Boston, Mass.  
McKinlay, Miss Margaret E., 1901.....24 McLean Street, Boston, Mass.  
McNally, Miss Catherine A., 1890.....33 Sharon Street, Boston, Mass.  
McPherson, Mrs. Josephine Smith, 1881.....Mumford, N. Y.



Meek, Miss Martha W., 1894.....	43 St. Botolph Street, Boston, Mass.
Moffitt, Miss Mary J., 1896.....	The Butler Hospital, Providence, R. I.
Moore, Miss Frances C., 1896.....	43 St. Botolph Street, Boston, Mass.
Moore, Miss M. Annabel, 1886.....	43 St. Botolph Street, Boston, Mass.
Moore, Miss Mary Eva, 1892.....	14 Quincefield Street, Dorchester, Mass.
Morley, Miss Frances E., 1893..	Hotel Westland, Westland Avenue, Boston, Mass.
Morris, Miss Mary A., 1889.....	Long Island Hospital, Boston Harbor, Mass.
Motschmann, Miss Margaret A., 1890.....	2 Hurd Street, Brookline, Mass.
Mullen, Miss Annie L., 1891.....	44 Concord Square, Boston, Mass.
Munro, Miss Frances, 1899.....	132 Bay Street, Toronto, Ontario, Can.
Myrick, Miss Alice T., 1892.....	26 Sumner Street, Dorchester, Mass.
Neil, Miss Mary A., 1892.....	143 Dudley Street, Roxbury, Mass.
Nicholl, Miss Maria A., 1891.....	28 Dartmouth Street, Boston, Mass.
Nichols, Miss Emma M., 1901.....	South Department, The Boston City Hospital, Boston, Mass.
Nicholson, Miss Louise, 1900.....	The Boston City Hospital, Boston, Mass.
Nutter, Miss Ida A., 1891.....	Newington, N. H.
Oliver, Miss Hulda J., 1892.....	72 Chestnut Street, Boston, Mass.
Olmsted, Miss Elizabeth, 1890.....	117 Pembroke Street, Boston, Mass.
Parker, Miss Anne C., 1893.....	The Hale Hospital, Haverhill, Mass.
Paty, Miss Elizabeth F., 1894.....	5 Mt. Pleasant Street, Plymouth, Mass.
Perley, Miss Elizabeth H., 1893.....	563 Massachusetts Avenue, Boston, Mass.
Pierce, Miss Mary C. Kummer, 1896.....	443 Broadway, Lawrence, Mass.
Pillsbury, Miss Grace G., 1890.....	Addison Gilbert Hospital, Gloucester, Mass.
Porter, Mrs. Alice H., 1888.....	226 Marlborough Street, Boston, Mass.
Prindle, Miss Fannie A., 1885.....	397 Boylston Street, Boston, Mass.
Raine, Miss Grace H., 1890.....	96 West Newton Street, Boston, Mass.
Ray, Miss Annie L., 1890.....	The Boston City Hospital, Boston, Mass.
Reed, Miss Alice A., 1884.....	419 Boylston Street, Boston, Mass.
Reed, Miss Julia E., 1885.....	419 Boylston Street, Boston, Mass.
Regan, Miss Anna, 1900.....	334 Massachusetts Avenue, Boston, Mass.
Reichert, Miss Lillian, 1900.....	South Department, The Boston City Hospital, Boston, Mass.
Rice, Mrs. Ida M., 1890.....	117 Pembroke Street, Boston, Mass.
Riddle, Miss Mary M., 1889.....	South Department, The Boston City Hospital, Boston, Mass.
Rimmer, Miss Mary J., 1885.....	24 Milton Avenue, Dorchester, Mass.
Robertson, Mrs. Alicia Ring, 1888.....	Galloupe, New Mexico
Robertson, Mrs. Jessie Archbald, 1898.....	Forest Street, Reading, Mass.
Rogers, Miss Emily A., 1887.....	148 Barrie Street, Kingston, Ontario
Sargent, Miss Emily H., 1896.....	192 Dartmouth Street, Boston, Mass.
Scally, Miss Agnes B., 1893.....	4 Marlborough Street, Boston, Mass.
Scannell, Miss Mary E., 1884.....	Milton, Mass.
Scarlett, Miss Mary, 1889.....	19 Searle Avenue, Brookline, Mass.
Seaver, Miss Harriette M., 1884.....	The Boston City Hospital, Boston, Mass.
Sharpley, Miss Ethel, 1891.....	285 Marlborough Street, Boston, Mass.
Shaughnessy, Miss Josephine G., 1900.....	24 McLean Street, Boston, Mass.
Shepard, Miss Ida F., 1899.....	The Mary Hitchcock Memorial Hospital, Hanover, N. H.
Shepherd, Miss H. Josephine, 1885.....	Sharon, Mass.
Sliney, Miss Mary A., 1896.....	50 Allen Street, Boston, Mass.



Sloan, Miss Elizabeth, 1892.....	19 St. James Avenue, Boston, Mass.
Slocum, Miss Clara R., 1899.....	The Boston City Hospital, Boston, Mass.
Smart, Miss Lucretia S., 1894.....	Athol, Mass.
Smyth, Miss Fanny, 1898.....	South Department, The Boston City Hospital, Boston, Mass.
Smyth, Mrs. Maria, 1901.....	The Boston City Hospital, Boston, Mass.
Spencer, Miss Cynthia A., 1890.....	397 Boylston Street, Boston, Mass.
Spencer, Miss Eliza F., 1883.....	397 Boylston Street, Boston, Mass.
Starkweather, Miss Ella A., 1886.....	4 Oxford Terrace, Boston, Mass.
Stewart, Miss Elizabeth, 1883.....	12 Cumberland Street, Boston, Mass.
Stewart, Miss Ella M., 1894.....	533 Massachusetts Avenue, Boston, Mass.
Stewart, Miss Mary C., 1886.....	4 Oxford Terrace, Boston, Mass.
Stillhamer, Mrs. E. A. Lary, 1891.....	515 East Market Street, Bloomington, Ill.
Stowe, Miss Emma L., 1883.....	11 Tirrell Street, Worcester, Mass.
Stowe, Miss Minnie J., 1892.....	11 Tirrell Street, Worcester, Mass.
Sullivan, Miss Charlotte M., 1901.....	Leonard Morse Hospital, Natick, Mass.
Sylvester, Miss Ella R., 1898.....	121 Beacon Street, Boston, Mass.
Symonds, Miss Jessie M., 1889.....	112 Chandler Street, Boston, Mass.
Tarr, Mrs. Sarah W., 1894....	Corner Church and Spring Streets, Newport, R. I.
Temple, Miss Lilla J., 1893....	Hotel Westland, Westland Avenue, Boston, Mass.
Thompson, Miss Margaret J., 1889..	1355 Corcoran St., N. W., Washington, D. C.
Upfield, Miss Della, 1897.....	The Hale Hospital, Haverhill, Mass.
Van Dyck, Miss Mary C., 1895.....	591 Tremont Street, Boston, Mass.
Wallace, Miss Grace A., 1899.....	South Department, The Boston City Hospital, Boston, Mass.
Warren, Miss Louella B., 1899.....	121 Beacon Street, Boston, Mass.
Washburne, Miss Ida, 1897.....	The Boston City Hospital, Boston, Mass.
Watts, Mrs. Ella E. Owen, 1889....	372 Dorchester Street, South Boston, Mass.
Welch, Miss Flora E., 1886.....	24 Milton Avenue, Dorchester, Mass.
Weston, Miss Stella B., 1897.....	The Boston City Hospital, Boston, Mass.
Wills, Miss Frances, 1895.....	31 Dartmouth Street, Boston, Mass.

#### BOSTON AND MASSACHUSETTS GENERAL HOSPITAL TRAINING- SCHOOLS ALUMNÆ.

Aikman, Miss Agnes E.....	24 McLean Street, Boston, Mass.
Allen, Miss Ella M.....	1319 East Thirteenth Street, Denver, Col.
Allerton, Miss Eva.....	Homœopathic Hospital, Rochester, N. Y.
Anderson, Miss E. A.....	New England Baptist Hospital, Boston, Mass.
Asman, Miss Louise.....	53 Pinckney Street, Boston, Mass.
Baker, Miss Lucy F.....	43 St. Botolph Street, Boston, Mass.
Barnard, Miss Ida.....	Rochester City Hospital, Rochester, N. Y.
Bayldon, Miss Jessie.....	Florence Avenue, Revere, Mass.
Beadle, Miss Caroline L.....	324 Ashmont Street, Dorchester, Mass.
Beaty, Miss Grace.....	City Hospital, Brockton, Mass.
Belyea, Miss Jessie.....	26 Wellington Street, Boston, Mass.
Birmingham, Miss Mary F.....	92 A Pinckney Street, Boston, Mass.
Bisbee, Mrs. F. A.....	111 Appleton Street, Arlington Heights, Mass.
Blackwell, Miss Charlotte E.....	43 Mt. Vernon Street, Boston, Mass.
Blair, Miss Anna.....	125 Eighteenth Avenue, Denver, Col.
Blair, Miss M. A.....	92 Walnut Street, Manchester, N. H.



Blood, Miss C. F.....	88 Waltham Street, Boston, Mass.
Bond, Miss Amelia.....	83 West Rutland Square, Boston, Mass.
Bond, Miss Anna.....	109 Pinckney Street, Boston, Mass.
Booker, Miss Elizabeth.....	193 Pearl Street, Somerville, Mass.
Powen, Miss Mary E.....	158 West Canton Street, Boston, Mass.
Bourke, Miss Rachel.....	Cooper Hospital, Camden, N. J.
Brierly, Miss H. J.....	St. Luke's Hospital, San Francisco, Cal.
Brigham, Miss C. F.....	150 Welles Avenue, Ashmont, Mass.
Brown, Miss Ellen.....	14 Main Street, Greenfield, Mass.
Brown, Miss Jessie.....	121 Newbury Street, Boston, Mass.
Brown, Miss Lucia.....	Massachusetts General Hospital, Boston, Mass.
Brown, Miss M. B.....	108 Mt. Vernon Street, Boston, Mass.
Bryant, Mrs. Mary.....	130 Beacon Street, Boston, Mass.
Bryer, Miss.....	7 Nichols Street, Wakefield, Mass.
Burleigh, Miss Mabel D.....	Massachusetts General Hospital, Boston, Mass.
Burpee, Miss M. E.....	31 Upton Street, Boston, Mass.
Burrell, Mrs. H. F.....	22 Newbury Street, Boston, Mass.
Campbell, Miss M. E.....	Massachusetts General Hospital, Boston, Mass.
Carlisle, Miss A. C.....	121 Newbury Street, Boston, Mass.
Chamberlin, Miss F. E. C.....	85 Francis Street, Brookline, Mass.
Chase, Miss Mabel.....	152 Massachusetts Avenue, Boston, Mass.
Cheever, Mrs. F. L.....	112 Magnolia Street, Dorchester, Mass.
Claire, Miss Helen.....	Care De Fond & Co., San Juan, Porto Rico
Clark, Miss Annie.....	53 Pinckney Street, Boston, Mass.
Cleland, Miss Helen.....	Waverly, Mass.
Clements, Mrs. Annie T....	825 Fourteenth Street, Northwest, Washington, D. C.
Cole, Miss Mary L.....	North Easton, Mass.
Conway, Miss Elizabeth.....	26 Water Street, Winchester, Mass.
Cook, Miss M. A.....	453 West Prairie Avenue, Decatur, Ill.
Coombs, Miss Harriet O.....	3 Fairfield Street, Boston, Mass.
Coull, Miss Margaret A.....	109 Pinckney Street, Boston, Mass.
Crowell, Miss Annie L.....	Massachusetts General Hospital, Boston, Mass.
Cunningham, Miss E. M.....	St. Luke's Hospital, Chicago, Ill.
Cummings, Miss C. M.....	15 Oakland Street, Roxbury, Mass.
Dadman, Dr. Eliza.....	The Cambridge, Beacon Street, Boston, Mass.
Dart, Miss Esther.....	Stillman Infirmary, Cambridge, Mass.
Davis, Miss Katherine F.....	42 Robinson Street, Dorchester, Mass.
Davis, Miss Isalin A.....	North Springfield, Vt.
Davis, Miss M. E. P.....	Boston Insane Hospital, New Dorchester, Mass.
Dempster, Miss Elizabeth.....	43 St. Botolph Street, Boston, Mass.
Dewolf, Miss Margaret.....	George Infirmary, Savannah, Ga.
Dodge, Miss H. E.....	38 Commonwealth Avenue, Boston, Mass.
Dolliver, Miss Pauline L.....	Massachusetts General Hospital, Boston, Mass.
Douglass, Miss I. M.....	43 Mt. Vernon Street, Boston, Mass.
Dowden, Miss Amelia.....	121 Beacon Street, Boston, Mass.
Drew, Miss Josephine.....	Concord, Mass.
Elliot, Miss Emily.....	134 East Seventieth Street, New York City, N. Y.
Elliot, Miss Gertrude.....	43 St. Botolph Street, Boston, Mass.
Ellis, Miss E. Maud.....	State Almshouse, Tewksbury, Mass.
Emerson, Miss Lutheria.....	15 Hooker Street, Allston, Mass.
Emery, Mrs. G. E.....	299 Lincoln Street, Worcester, Mass.



Finlay, Miss Helen M.....	356 Beacon Street, Boston, Mass.
Fisher, Miss Julia H.....	109 Pinckney Street, Boston, Mass.
Flusk, Miss Elizabeth.....	4 Montello Street, Dorchester, Mass.
Fletcher, Miss Annie.....	98 Charles Street, Boston, Mass.
Forsyth, Miss Georgina.....	Hoffman House, Boston, Mass.
Fox, Miss Annie L.....	28 Dartmouth Street, Boston, Mass.
Fraser, Miss Jennie C.....	61 Chestnut Street, Boston, Mass.
Fraser, Miss Sarah.....	83 West Rutland Square, Boston, Mass.
Fullerton, Miss Bessie.....	658 Massachusetts Avenue, Boston, Mass.
Garvey, Miss S. Agnes.....	New England Baptist Hospital, Boston, Mass.
Gerry, Miss Mary O.....	1922 Indiana Avenue, Chicago, Ill.
Gile, Miss Kate E.....	598 Tremont Street, Boston, Mass.
Glidden, Mrs. Clara.....	Insane Asylum, Northampton, Mass.
Godsoe, Mrs. Joseph.....	16 Kilman Terrace, Somerville, Mass.
Gorman, Miss Alice A.....	Massachusetts General Hospital, Boston, Mass.
Grierson, Miss A. Maud.....	Massachusetts General Hospital, Boston, Mass.
Haggart, Miss Minnie.....	92 A Pinckney Street, Boston, Mass.
Hamilton, Dr. Annie.....	15 Blagdon Street, Boston, Mass.
Harding, Miss Nellie M.....	41 West Newton Street, Boston, Mass.
Harries, Miss Eliza.....	23 St. James Avenue, Boston, Mass.
Harris, Miss Caroline.....	12 Westland Avenue, Boston, Mass.
Harvell, Miss Georgie H.....	44 Montgomery Street, Boston, Mass.
Hart, Miss Nellie J.....	Massachusetts General Hospital, Boston, Mass.
Hatlow, Miss Elizabeth.....	24 Blagdon Street, Boston, Mass.
Heaney, Mrs. Jacob.....	Cummings Cove, Deer Island, N. B.
Hewitt, Miss Lydia R.....	Massachusetts General Hospital, Boston, Mass.
Hewitt, Miss Mary H.....	Highland Avenue, Fall River, Mass.
Hintze, Miss Annie.....	Hillside Avenue, Malden, Mass.
Hislop, Miss Annie M.....	109 Pinckney Street, Boston, Mass.
Hogle, Miss Elizabeth C.....	The Curtis, Mt. Vernon Street, Boston, Mass.
Hollingsworth, Miss Minnie S.....	4 Brimmer Street, Boston, Mass.
Hooker, Miss A. H.....	140 East Seventy-first Street, New York City, N. Y.
Hudgins, Miss.....	15 Upton Street, Boston, Mass.
Hurd, Miss Mary M.....	Massachusetts General Hospital, Boston, Mass.
Jenkins, Mrs. Anna Best.....	Collinsville, Conn.
Jewell, Miss Isabella A.....	Maternity Hospital, Montreal, Can.
Job, Miss Alice R.....	Yellow Springs, O.
Johanneson, Mrs.....	15 Hooker Street, Allston, Mass.
Johnson, Miss Minnie M.....	53 Pinckney Street, Boston, Mass.
Keith, Miss Mary L.....	Rochester City Hospital, Rochester, N. Y.
Kelso, Miss Isabelle.....	53 Pinckney Street, Boston, Mass.
Klonare, Miss Kleonike.....	Hopetal des Eupanter, Athens, Greece
Lamb, Miss Mary H.....	Perkins Street, Jamaica Plain, Mass.
Larkin, Miss Bertha A.....	12 Rutland Square, Boston, Mass.
Learned, Miss Agnes N.....	1718 Waverley Place, St. Louis, Mo.
Liley, Miss Mary.....	101 Calendar Street, Dorchester, Mass.
Lumeden, Miss.....	166 Williams Street, Providence, R. I.
Macfarlane, Miss Margaret.....	719 Boylston Street, Boston, Mass.
Mackenzie, Miss Lizzie.....	53 Pinckney Street, Boston, Mass.
MacKenzie, Miss M. A.....	Massachusetts General Hospital, Boston, Mass.
MacPeake, Miss Edith B.....	Massachusetts General Hospital, Boston, Mass.



Marsdon, Mrs. Nora.....	Massachusetts General Hospital, Boston, Mass.
Martin, Miss S. F.....	Garrett Children's Hospital, Baltimore, Md.
Maxwell, Miss Anna (Honorary Member).....	Presbyterian Hospital, New York City, N. Y.
McCrae, Miss Annabelle.....	Massachusetts General Hospital, Boston, Mass.
McDonald, Miss J. Harriet.....	205 West Newton Street, Boston, Mass.
McDonald, Miss Margaret D.....	43 St. Botolph Street, Boston, Mass.
McElligot, Miss M. E.....	180 Beacon Street, Boston, Mass.
McKinney, Miss Lizzie.....	53 Pinckney Street, Boston, Mass.
McLean, Miss Eliza.....	571 Tremont Street, Boston, Mass.
McLean, Miss E. S.....	40 East Brookline Street, Boston, Mass.
McLeay, Miss Grace.....	24 Blagdon Street, Boston, Mass.
McNab, Miss Ada.....	31 Upton Street, Boston, Mass.
Merrill, Miss Eleanor.....	92 Pinckney Street, Boston, Mass.
Mellville, Miss M. E.....	140 East Seventy-first Street, New York City, N. Y.
Metherell, Miss A. B.....	31 Upton Street, Boston, Mass.
Mitchell, Miss Elsie.....	43 St. Botolph Street, Boston, Mass.
Moody, Miss A.....	45 Crescent Street, Wakefield, Mass.
Moore, Miss Jennie.....	Margaret Pillsbury General Hospital, Concord, N. H.
Morris, Miss Lilian.....	53 Pinckney Street, Boston, Mass.
Mulholland, Miss Mary.....	Palatka, Fla.
Mumford, Miss Elizabeth.....	459 Massachusetts Avenue, Boston, Mass.
O'Brien, Miss M. E.....	Care C. F. Sprague, Jamaica Plain, Mass.
Orr, Dr. Jane.....	827 Boylston Street, Boston, Mass.
Packard, Miss.....	272 Carey Street, Baltimore, Md.
Palmer, Miss Sophia F.....	Rochester, N. Y.
Parker, Miss Martha.....	Salem Hospital, Salem, Mass.
Parsons, Miss Sarah.....	Adams Nervine, Jamaica Plain, Mass.
Patch, Miss Flora B.....	Rockford City Hospital, Rockford, Ill.
Pearson, Miss M. E.....	Upper Canada College, Deer Park, Ontario, Can.
Peden, Miss Elizabeth.....	2 Louisberg Square, Boston, Mass.
Perry, Miss C. M.....	Quincy Hospital, Quincy, Mass.
Peterson, Miss Louise.....	31 Upton Street, Boston, Mass.
Pierson, Miss Maud A.....	98 Charles Street, Boston, Mass.
Pitts, Miss.....	State Hospital, Morgantown, N. C.
Plummer, Miss Persis.....	Wentworth, N. H.
Potts, Miss Amy.....	1340 Lombard Street, Philadelphia, Pa.
Preble, Miss C. H.....	P. O. Box 1361, Bangor, Me.
Pridham, Miss Margaret.....	Massachusetts General Hospital, Boston, Mass.
Quinn, Miss B.....	423 Dudley Street, Boston, Mass.
Reid, Miss E. M.....	Boston Insane Hospital, New Dorchester, Mass.
Rice, Miss Florence.....	24 Hammond Street, Boston, Mass.
Richards, Miss Linda (Honorary Member)...	Taunton Hospital, Taunton, Mass.
Riley, Miss J. F.....	121 Newbury Street, Boston, Mass.
Robertson, Miss Jean.....	Boston Insane Hospital, New Dorchester, Mass.
Robertson, Miss Augusta C.....	St. Luke's Hospital, Chicago, Ill.
Robinson, Miss Ida.....	83 West Rutland Square, Boston, Mass.
Rodgers, Miss Mary.....	Massachusetts General Hospital, Boston, Mass.
Row, Miss Lucy.....	Medford, Mass.
Sangster, Miss J. E. (Honorary Member)...	54 Brattle Square, Cambridge, Mass.
Schaller, Miss M. E.....	South Natick, Mass.



Scott, Miss Alice.....	Waverly, Mass.
Scovil, Miss E. R.....	St. Paul's School, Concord, N. H.
Shattuck, Miss Ida E.....	Highland Spring Sanatorium, Nashua, N. H.
Shielde, Miss M. E.....	90 Pinckney Street, Boston, Mass.
Simpson, Mrs. Chas. E.....	Lowell Hospital, Lowell, Mass.
Sinclair, Miss C. M.....	The Curtis, Mt. Vernon Street, Boston, Mass.
Slade, Miss Imogen.....	Cottage Hospital, Woonsocket, R. I.
Slayton, Miss Fannie R.....	Stoneham, Mass.
Smith, Miss Adelaide A.....	18 Trowbridge Place, Cambridge, Mass.
Smith, Miss Annie H.....	109 Pinckney Street, Boston, Mass.
Stanway, Miss Lilian.....	15 Louisberg Square, Boston, Mass.
Stark, Miss M. E.....	2 Park Square, Boston, Mass.
Stevens, Dr. Alice M.....	70 State Street, Chicago, Ill.
Stevenson, Miss M. W.....	144 Foster Street, Brighton, Mass.
Stilson, Miss Jennie L.....	6 West Fifty-seventh Street, New York City, N. Y.
Storrow, Mrs. Charles.....	High Street, Brookline, Mass.
Sutherland, Miss Myra M.....	Northampton Hospital, Northampton, Mass.
Tessier, Miss M. I.....	108 Mt. Vernon Street, Boston, Mass.
Thayer, Miss Blanche.....	City Hospital, Quincy, Mass.
Thompson, Miss Agnes.....	Westwood, Mass.
Thompson, Miss Philena.....	108 Wyette Street, Waltham, Mass.
Thurber, Miss L. M.....	McLean Hospital, Waverly, Mass.
Tippet, Miss Alice O.....	6 McLean Street, Boston, Mass.
Twitchell, Miss Ethel.....	Salada, Cal.
Warner, Miss Margaret.....	49 Forest Street, Hartford, Conn.
Webster, Miss Lucy J.....	Rochester, N. Y.
Whipple, Miss S. S.....	Highland Springs Sanatorium, Nashua, N. H.
Wheeler, Miss Annie L.....	McLean Hospital, Waverly, Mass.
Whitemore, Miss Mary L.....	53 Pinckney Street, Boston, Mass.
Wilkinson, Miss Ella A.....	Massachusetts General Hospital, Boston, Mass.
Williams, Miss Ruth.....	Waltham, Mass.
Woods, Miss Lizzie J.....	397 Boylston Street, Boston, Mass.
Young, Miss Lena.....	McLean Hospital, Waverly, Mass.
Youngman, Miss Julia.....	463 Pine Street, Williamsport, Pa.

## BROOKLYN HOSPITAL ALUMNÆ.

Alexander, Miss Florence.....	299 Clinton Street, Brooklyn, N. Y.
Anders, Miss Marie W.....	141 A, Monroe Street, Brooklyn, N. Y.
Armstrong, Miss May.....	221 Milton Street, Montreal, Can.
Batterham, Miss Mary R.....	60 Hillside Street, Asheville, N. C.
Benion, Miss M. Hattie.....	396 Clermont Avenue, Brooklyn, N. Y.
Besch, Miss Carry.....	160 Joralemon Street, Brooklyn, N. Y.
Bowman, Miss Augusta J.....	155 West Twenty-first Street, New York City, N. Y.
Brent, Miss Edith.....	1222 Sixteenth Street, Denver, Col.
Brent, Miss Louisa D.....	Superintendent Grace Hospital, Toronto, Can.
Brown, Miss Mary A.....	Prince Bay, Staten Island, N. Y.
Cameron, Miss Grace H.....	496 State Street, Brooklyn, N. Y.
Campbell, Mrs. J. R.....	Dunellen, N. J.
Clark, Miss L. D.....	579 Classon Avenue, Brooklyn, N. Y.
Clark, Miss Clara G.....	Brooklyn Hospital, Brooklyn, N. Y.



Coleman, Miss Lena N.....	63 South Elliott Place, Brooklyn, N. Y.
Colville, Miss M. A.....	222 West One-hundred-and-Fifth Street, New York City, N. Y.
Cosgrove, Mrs. E. Judge..	Jefferson Avenue, near Bedford Street, Brooklyn, N. Y.
Cowling, Miss Bessie.....	301 Lafayette Avenue, Brooklyn, N. Y.
Curran, Miss Annie F.....	104 West Forty-first Street, New York City, N. Y.
Dean, Miss Margaret T.....	184 Amity Street, Brooklyn, N. Y.
Dennie, Miss Fannie.....	184 Amity Street, Brooklyn, N. Y.
Dewey, Miss Elizabeth.....	160 Joralemon Street, Brooklyn, N. Y.
Dixon, Miss Elizabeth R.....	256 Hancock Street, Brooklyn, N. Y.
Everitt, Miss Helen C.....	155 West Twenty-first Street, New York City, N. Y.
Franke, Miss Joanna.....	481 Ninth Street, Brooklyn, N. Y.
Fritchman, Miss Elizabeth...	104 West Forty-first Street, New York City, N. Y.
Fuller, Miss Florence.....	92 South Oxford Street, Brooklyn, N. Y.
Gausby, Miss Grace.....	Brooklyn, N. Y.
Gibson, Miss E.....	45 Green Avenue, Brooklyn, N. Y.
Gordon, Miss Fannye A...	155 West Twenty-first Street, New York City, N. Y.
Grantham, Miss Belle.....	168 Clinton Avenue, Brooklyn, N. Y.
Griffiths, Miss Elizabeth.....	63 South Elliott Place, Brooklyn, N. Y.
Hadden, Miss Marie.....	31 Sydney Place, Brooklyn, N. Y.
Haldane, Miss Mary.....	396 Clermont Avenue, Brooklyn, N. Y.
Hanrahan, Miss Minnie E.....	60 South Elliott Place, Brooklyn, N. Y.
Hartry, Miss Harriet S....	Superintendent St. Barnabas Hospital, Minneapolis, Minn.
Havens, Miss M. M.....	579 Classon Avenue, Brooklyn, N. Y.
Healy, Miss Tamar E.....	160 Joralemon Street, Brooklyn, N. Y.
Heinrichs, Miss Ethel F.....	Superintendent City Hospital, Wheeling, W. Va.
Henderson, Miss Flora J.....	396 Clermont Avenue, Brooklyn, N. Y.
Hewbach, Miss Helen E.....	160 Joralemon Street, Brooklyn, N. Y.
Hewbach, Mrs. Julia M.....	160 Joralemon Street, Brooklyn, N. Y.
Holt, Miss Mary E.....	160 Joralemon Street, Brooklyn, N. Y.
Hope, Mrs. H. E.....	153 Berkely Place, Brooklyn, N. Y.
Houghton, Miss Leila.....	62 Greene Avenue, Brooklyn, N. Y.
Hubbard, Mrs. Mary Weaver.....	Brooklyn, N. Y.
Jacobson, Mrs. Ida Heinrichs.....	118 Johnson Street, Brooklyn, N. Y.
Johnson, Miss G.....	168 Clinton Avenue, Brooklyn, N. Y.
Jones, Miss Emily L.....	134 East Seventieth Street, New York City, N. Y.
Kay, Miss Jennie J.....	General Hospital, Puerto Principe, Cuba, W. I.
Keeney, Mrs. Maude M.....	396 Clermont Avenue, Brooklyn, N. Y.
Kerr, Miss E. P.....	396 Clermont Avenue, Brooklyn, N. Y.
King Mrs. G. C.....	Lockwood, N. Y.
Lightbourne, Miss Evelina.....	Superintendent House of Good Shepherd, Syracuse, N. Y.
Lindo, Miss Ella G.....	Riverhead, Long Island, N. Y.
Mackarow, Miss Maud A....	139 West Twenty-first Street, New York City, N. Y.
Mackintosh, Miss Jennie.....	299 Clinton Street, Brooklyn, N. Y.
MacNeil, Mrs. I. E.....	205 West Eightieth Street, New York City, N. Y.
MacNeil, Miss Jessie F.....	150 Joralemon Street, Brooklyn, N. Y.
Madden, Miss Kathryn.....	197 Clinton Street, Brooklyn, N. Y.
Mason, Miss Mabel.....	160 Joralemon Street, Brooklyn, N. Y.
McAllen, Miss Mary.....	363 Markham Street, Toronto, Can.



McKeel, Miss.....	96 St. Mark's Avenue, Brooklyn, N. Y.
McLeod, Miss Anna M....	139 West Twenty-first Street, New York City, N. Y.
Merritt, Miss M. I. (Honorary Member).....	Cherry Valley, N. Y.
Middlemis, Mrs. Isabelle.....	92 South Oxford Street, Brooklyn, N. Y.
Micklejohn, Miss M. Louise..	Superintendent Lady Stanley Hospital, Ottawa, Can.
Miller, Miss Alice G.....	160 Joralemon Street, Brooklyn, N. Y.
Montieth, Miss Beatrice S..	Superintendent Brooklyn Hospital, Brooklyn, N. Y.
Moore, Miss E. A.....	184 Amity Street, Brooklyn, N. Y.
Morphy, Miss Marie L....	155 West Twenty-first Street, New York City, N. Y.
Morrat, Miss M. A.....	205 West Thirty-eighth Street, New York City, N. Y.
Morrison, Miss S. H.....	396 Clermont Avenue, Brooklyn, N. Y.
Norton, Miss Anna.....	20 South Elliott Place, Brooklyn, N. Y.
Odell, Miss Emily.....	168 Clinton Avenue, Brooklyn, N. Y.
Penton, Miss Anna.....	396 Clermont Avenue, Brooklyn, N. Y.
Percy, Miss Elizabeth.....	301 Lafayette Avenue, Brooklyn, N. Y.
Percy, Miss Ella M.....	299 Clinton Street, Brooklyn, N. Y.
Phymister, Miss Agnes K....	155 West Twenty-first Street, New York City, N. Y.
Pierce, Mrs. A. W.....	184 Amity Street, Brooklyn, N. Y.
Pope, Miss Thirza A.....	527 Amsterdam Avenue, New York City, N. Y.
Reynolds, Mrs. N.....	63 South Elliott Place, Brooklyn, N. Y.
Rethermund, Miss W.....	496 State Street, Brooklyn, N. Y.
Rewell, Miss Katherine.....	301 Lafayette Avenue, Brooklyn, N. Y.
Schreiner, Mrs. Sarah S.....	396 Clermont Avenue, Brooklyn, N. Y.
Sears, Miss Annie M.....	139 West Twenty-first Street, New York City, N. Y.
Shibley, Miss Georgiana....	155 West Twenty-first Street, New York City, N. Y.
Smith, Miss Mary A.....	396 Clermont Avenue, Brooklyn, N. Y.
Soule, Miss Harriet M.....	160 Joralemon Street, Brooklyn, N. Y.
Stennett, Miss Emily.....	Assistant Superintendent House of Good Shepherd, Syracuse, N. Y.
Stevens, Mrs. Grant Dundas.....	Susquehanna County, N. Y.
Sturt, Miss Mable.....	496 State Street, Brooklyn, N. Y.
Sumner, Mrs. K. R.....	104 West Forty-first Street, New York City, N. Y.
Sweeny, Miss Margaret.....	20 South Elliott Place, Brooklyn, N. Y.
Thistle, Miss F.....	1927 Eighty-sixth Street, Bensonhurst, L. I.
Thurresson, Miss Edith....	155 West Twenty-first Street, New York City, N. Y.
Van Ingen, Miss Katherine.....	63 South Elliott Street, Brooklyn, N. Y.
Wagner, Mrs. Eleanor.....	Eighty-second Street, Bay Ridge, L. I.
Wiley, Mrs. Margaret Baker.....	301 State Street, Brooklyn, N. Y.
Williams, Miss.....	496 State Street, Brooklyn, N. Y.
Wilmot, Miss Frances.....	110 St. Felix Street, Brooklyn, N. Y.
Wilson, Miss Edna.....	Kingston, Can.
Woglam, Miss Anabell.....	184 Amity Street, Brooklyn, N. Y.
de Zouche, Mrs. A. W.....	160 Joralemon Street, Brooklyn, N. Y.

#### BROOKLYN HOMŒOPATHIC HOSPITAL ALUMNÆ.

Alline, Miss Anna L.....	The Teachers College, 402 West One-hundred-and- Twenty-fourth Street, New York City, N. Y.
Andrews, Miss Elizabeth.....	South Manchester, Conn.
Armstrong, Miss E. B.....	1703 Forest Avenue, Prairie, Kansas



Basten, Miss Rebecca M.....	363 Grand Avenue, Brooklyn, N. Y.
Blair, Miss Nellie.....	216 Adelphi Street, Brooklyn, N. Y.
Bohren, Miss L.....	Halsey Street, Brooklyn, N. Y.
Combs, Miss Mary.....	200 Ryerson Street, Brooklyn, N. Y.
Cooper, Miss B.....	40 West Twenty-fourth Street, New York City, N. Y.
Croquette, Miss J.....	397 Flatbush Avenue, Brooklyn, N. Y.
Donaldson, Miss Elsie M.....	300 State Street, Brooklyn, N. Y.
Egan, Miss.....	355 Adelphi Street, Brooklyn, N. Y.
Estey, Miss Julia.....	216 Adelphi Street, Brooklyn, N. Y.
Fanning, Miss Kezia.....	300 State Street, Brooklyn, N. Y.
Fawcett, Miss Sarah.....	152 West Forty-fifth Street, New York City, N. Y.
Flühmann, Miss Johanna.....	97 Halsey Street, Brooklyn, N. Y.
Fritscher, Miss Katherine.....	216 Adelphi Street, Brooklyn, N. Y.
Griswold, Miss Mary.....	248 Vanderbilt Avenue, Brooklyn, N. Y.
Hansen, Miss Anna.....	567 Mosier Street, Baltimore, Md.
Healy, Miss Stella.....	355 Adelphi Street, Brooklyn, N. Y.
Hedges, Miss Anna.....	402 West One-hundred-and-Twenty-fourth Street, New York City, N. Y.
Hemmins, Miss Alice P.....	268 Elm Street, St. Paul, Minn.
Hosmer, Miss Susie.....	City Hospital, Jersey City, N. J.
Howard, Mrs. E. M.....	141 Madison Street, Brooklyn, N. Y.
Howard, Miss H.....	Russell House, Morristown, N. J.
Jones, Miss Elizabeth.....	262 Ryerson Street, Brooklyn, N. Y.
Jones, Miss Hannah.....	104 West Forty-first Street, New York City, N. Y.
King, Miss Julia.....	230 Kellogg Street, Syracuse, N. Y.
Kirchoff, Miss Annie.....	Trinity Hospital, 50 Varick Street, New York City, N. Y.
Kornegay, Miss Mary E.....	141a Monroe Street, Brooklyn, N. Y.
Lampman, Miss Edith A.....	Homœopathic Hospital, Syracuse, N. Y.
Lyon, Miss Alice.....	1035 Lexington Avenue, New York City, N. Y.
Maxwell, Mrs. M. Alice.....	4318 Laclede Avenue, St. Louis, Mo.
McLure, Miss E. J.....	Maternity Hospital, Brooklyn, N. Y.
McKee, Miss Carrie D.....	280 St. James Place, Brooklyn, N. Y.
McMahon, Miss Eva.....	137 West Twenty-first Street, New York City, N. Y.
Megaw, Mrs. M. E.....	216 Adelphi Street, Brooklyn, N. Y.
Mitchell, Mrs. M. E.....	1035 Lexington Avenue, New York City, N. Y.
Monnia, Miss Sarah.....	Brooklyn, N. Y.
Moore, Miss Clara.....	62 Sterling Place, Brooklyn, N. Y.
Morrison, Miss Martha M.....	132 Schonnard Street, Syracuse, N. Y.
Mullin, Miss M. E.....	216 Adelphi Street, Brooklyn, N. Y.
Murphy, Miss Anna L.....	69 Shermerhorn Street, Brooklyn, N. Y.
Parker, Miss Lillian.....	200 Ryerson Street, Brooklyn, N. Y.
Parks, Miss Emma L.....	363 Grand Avenue, Brooklyn, N. Y.
Paxton, Miss Charlotte E.....	Russell House, Morristown, N. J.
Pearse, Miss Imogene.....	St. Phœbe's Mission, Brooklyn, N. Y.
Peterson, Miss Julia.....	207 Sixth Avenue, Brooklyn, N. Y.
Potter, Miss Edith.....	363 Grand Avenue, Brooklyn, N. Y.
Purdy, Miss Mary.....	1035 Lexington Avenue, New York City, N. Y.
Rohlf, Miss Louise.....	300 State Street, Brooklyn, N. Y.
Snyder, Miss Blanche.....	280 St. James Place, Brooklyn, N. Y.
Tabor, Miss Hattie.....	280 St. James Place, Brooklyn, N. Y.



Vogelsang, Miss Kathryn.....	402 West One-hundred-and-Twenty-fourth Street, New York City, N. Y.
Walker, Miss Lizzie M.....	38 East Twenty-first Street, New York City, N. Y.
Waring, Miss Susie.....	Plattskill, N. Y.
Webster, Mrs. W. E.....	17 South Street, Auburn, N. Y.
Westbrook, Miss K.....	1035 Lexington Avenue, New York City, N. Y.
Woodburn, Miss Julia.....	Walton, N. Y.

## BUFFALO GENERAL HOSPITAL ALUMNÆ.

Allen, Miss B.....	Allen Street, Buffalo, N. Y.
Anderson, Miss Blanche.....	59 North Pearl Street, Buffalo, N. Y.
Armstrong, Miss Collena.....	77 Walker Street, Buffalo, N. Y.
Ball, Mrs.....	Muncie, Ind.
Barnes, Miss Julia B.....	116 Mariner Street, Buffalo, N. Y.
Barth, Miss Mary A.....	German Hospital, Buffalo, N. Y.
Bergtold, Miss Helen J.....	116 Mariner Street, Buffalo, N. Y.
Bond, Mrs.....	Woodward Avenue, Detroit, Mich.
Bowie, Miss B.....	391 Hudson Street, Buffalo, N. Y.
Carman, Miss Blanche.....	281 Niagara Street, Buffalo, N. Y.
Cary, Miss Harriet.....	238 Vermont Street, Buffalo, N. Y.
Cassidy, Miss A.....	391 Hudson Street, Buffalo, N. Y.
Colegrove, Miss Adelaide M.....	292 Parker Avenue, Buffalo, N. Y.
Coon, Miss M.....	142 Mariner Street, Buffalo, N. Y.
Cotter, Miss Prue.....	Eldred, Pa.
Curtis, Mrs. E. E.....	2104 North Michigan Avenue, Saginaw, Mich.
Dagget, Miss Irene.....	Chaffee, N. Y.
Deane, Miss Anna M.....	281 Niagara Street, Buffalo, N. Y.
Deans, Miss M. A.....	Philippine Islands
Diehl, Mrs. C.....	32 West Genesee Street, Buffalo, N. Y.
Dobbins, Mrs. E.....	25 Morningside Park, New York City, N. Y.
Dysinger, Mrs.....	1112 Main Street, Buffalo, N. Y.
Emslie, Miss Grace.....	The Wellesley, Buffalo, N. Y.
Evans, Miss Cora B.....	59 North Pearl Street, Buffalo, N. Y.
Fannin, Miss E. G.....	Ridgeway, Pa.
Ganne, Miss Ida M.....	281 Niagara Street, Buffalo, N. Y.
Gillespie, Miss E. Jane.....	901 Eighth Street, Erie, Pa.
Goodale, Miss Mabel A.....	676 Elm Street, Buffalo, N. Y.
Grass, Miss Irene.....	281 Niagara Street, Buffalo, N. Y.
Greenwood, Miss Louise.....	389 Hudson Street, Buffalo, N. Y.
Greer, Miss Minnie A.....	100 High Street, Buffalo, N. Y.
Grovenberry, Miss M.....	1041 Ellicott Street, Buffalo, N. Y.
Hahn, Miss Otilie A.....	100 High Street, Buffalo, N. Y.
Halliday, Miss Fannie J.....	Greensboro, Pa.
Hamilton, Miss F.....	116 Mariner Street, Buffalo, N. Y.
Hicks, Miss H. O.....	236 Southampton Street, Buffalo, N. Y.
Jardine, Miss Louise.....	1112 Main Street, Buffalo, N. Y.
Kamiensky, Miss Adelheid.....	German Hospital, Buffalo, N. Y.
Keating, Miss Emma J.....	3399 Main Street, Buffalo, N. Y.
Kennedy, Miss Kate I.....	64 Anderson Place, Buffalo, N. Y.
King, Miss L. B.....	281 Niagara Street, Buffalo, N. Y.



Knott, Miss Rachel A.....	281	Niagara Street, Buffalo, N. Y.
Lewis, Miss Sara A.....	281	Niagara Street, Buffalo, N. Y.
Lindsay, Miss Alice.....	176	Carolina Street, Buffalo, N. Y.
Losie, Miss Maud.....	1108	Main Street, Buffalo, N. Y.
Loveland, Miss Anna.....	100	High Street, Buffalo, N. Y.
Meyers, Miss Alice.....	281	Niagara Street, Buffalo, N. Y.
Miles, Miss Alice F.....	34	Days Park, Buffalo, N. Y.
Morley, Mrs. Susan L.....	90	East Ferry Street, Buffalo, N. Y.
Nowry, Miss Carrie A.....	281	Niagara Street, Buffalo, N. Y.
Odell, Miss Agnes B.....	149	Fifteenth Street, Buffalo, N. Y.
Oliver, Dr.....	283	Bryant Street, Buffalo, N. Y.
Overton, Miss Jennie.....	389	Hudson Street, Buffalo, N. Y.
Owen, Miss Alice G.....	25	Mariner Street, Buffalo, N. Y.
Paterson, Miss Robina.....	116	Mariner Street, Buffalo, N. Y.
Patterson, Miss Grace.....	77	Welker Street, Buffalo, N. Y.
Railton, Miss Mae L.....		Lockport, N. Y.
Reinhardt, Mrs.....	39	George Street, Buffalo, N. Y.
Robbins, Miss Grace W.....	922	Main Street, Buffalo, N. Y.
Robertson, Miss Mary.....	116	Mariner Street, Buffalo, N. Y.
Rothfuss, Miss.....		Mariner Street, Buffalo, N. Y.
Royan, Miss Josephine.....		
Scrimger, Miss Janet.....	100	High Street, Buffalo, N. Y.
Simpson, Miss Margaret.....	281	Niagara Street, Buffalo, N. Y.
Smith, Miss Nettie V.....	922	Main Street, Buffalo, N. Y.
Steele, Miss Carrie.....	281	Niagara Street, Buffalo, N. Y.
Storck, Mrs. H.....		Woman's Hospital, 191 Georgia Street, Buffalo, N. Y.
Thompson, Miss Lucy.....	922	Main Street, Buffalo, N. Y.
Thompson, Miss Netta.....	64	Anderson Place, Buffalo, N. Y.
Tucker, Mrs. Harriet.....	1112	Main Street, Buffalo, N. Y.
Tweedy, Mrs. E. H.....	334	Massachusetts Street, Buffalo, N. Y.
Van Alstyne, Miss Mary.....	1108	Main Street, Buffalo, N. Y.
Vandenburg, Mrs. H. B.....	251	Paynes Avenue, Tonawanda, N. Y.
Van Every, Miss Minnie Almer.....	187	Masten Street, Buffalo, N. Y.
Walters, Miss Adella.....		Buffalo, N. Y.
Weatherston, Miss Marion G.....	100	High Street, Buffalo, N. Y.
Webb, Miss Mary.....	129	Washington Street, Geneva, N. Y.
Zeller, Mrs. Jessie.....		Dodge Street, Buffalo, N. Y.
Zeller, Mrs. Louise E.....	1098	Ellicott Street, Buffalo, N. Y.
Zimmerman, Mrs. C. D.....	131	Norwood Avenue, Buffalo, N. Y.

## COLUMBIA AND CHILDREN'S HOSPITAL ALUMNÆ.

Abbé, Miss Helen L.....	2017	I Street, N. W., Washington, D. C.
Beuler, Miss Laura.....	326	Second Street, S. E., Washington, D. C.
Braun, Miss Freda.....	1909	Fourteenth Street, N. W., Washington, D. C.
Butler, Miss Lucy S.....	1909	Fourteenth Street, N. W., Washington, D. C.
Chazeen, Miss Batzue.....	1841	Fourteenth Street, N. W., Washington, D. C.
Corbett, Miss Edith L.....		Arlington, Va.
Cox, Miss Sarah E.....	403	R Street, N. W., Washington, D. C.
Cryer, Mrs. Edward.....		Arlington, Va.
Cumberland, Mrs. Ella.....		Columbia Hospital (Honorary), Washington, D. C.



Curtiss, Miss Claudia C.....	27 M Street, N. W., Washington, D. C.
Davis, Miss Kate I.....	1449 Rhode Island Avenue, N. W., Washington, D. C.
Entwisle, Miss Irene F.....	Presidio, San Francisco, Cal.
Feller, Miss Agnes.....	2002 Fourteenth Street, N. W., Washington, D. C.
Fisler, Miss Annie E.....	943 Virginia Avenue, S. W., Washington, D. C.
Flynn, Miss Eulah B.....	Foundling Hospital, 1715 Fifteenth Street, Washington, D. C.
Franklin, Miss Jessie.....	Leesburg, Va.
Hamilton, Miss Jessie.....	1408 Corcoran Street, N. W., Washington, D. C.
Hanson, Miss Bernice....	2519 Pennsylvania Avenue, N. W., Washington, D. C.
Hewitt, Miss Elizabeth M...	Children's Hospital, Thirteenth and W Streets, N. W., Washington, D. C.
Hopkins, Miss Nannie.....	1909 Fourteenth Street, N. W., Washington, D. C.
Jarvis, Miss Lena M.....	1110 New York Avenue, N. W., Washington, D. C.
Jenings, Miss Peron E....	Children's Hospital, Thirteenth and W. Streets, N. W., Washington, D. C.
Jones, Mrs. Mary E.....	224 Second Street, N. W., Washington, D. C.
Kibler, Miss Cora A.....	933 New York Avenue, N. W., Washington, D. C.
Little, Miss Amanda A. (Honorary) ....	Connecticut Avenue and Q Street, N. W., Washington, D. C.
Macrae, Miss Mary E.....	1909 Fourteenth Street, N. W., Washington, D. C.
Macrae, Miss Susan B.....	1909 Fourteenth Street, N. W., Washington, D. C.
Manford, Miss Annie.....	1336 Q Street, N. W., Washington, D. C.
Martinnas, Miss Susie.....	1408 Corcoran Street, N. W., Washington, D. C.
Melhorne, Miss Sallie.....	1311 Fourteenth Street, N. W., Washington, D. C.
Middaugh, Miss Cora.....	1110 New York Avenue, N. W., Washington, D. C.
Morgan, Miss Flora.....	3100 U Street, N. W., Washington, D. C.
Norman, Miss Lula M.....	Hazlehurst, Miss.
Norton, Miss Eloise.....	1444 Rhode Island Avenue, N. W., Washington, D. C.
Patterson, Miss Mary E.....	906 M Street, N. W., Washington, D. C.
Pusey, Miss Nellie.....	1444 Rhode Island Avenue, N. W., Washington, D. C.
Rector, Lydia V.....	2002 Fourteenth Street, N. W., Washington, D. C.
Richmond, Miss Edith G...	505 Massachusetts Avenue, N. W., Washington, D. C.
Rittenhouse, Miss Carolyn..	1513 Twenty-eighth Street, N. W., Washington, D. C.
Tanquary, Miss Helen.....	1203 First Street, N. W., Washington, D. C.
Washington, Miss Olive A.....	225 John Marshall Place, Washington, D. C.
Wattles, Miss Lida.....	Foundling Hospital, 1715 Fifteenth Street, N. W., Washington, D. C.
Woodson, Miss Myrta M.....	Columbia Hospital, Twenty-fifth Street and Pennsylvania Avenue, Washington, D. C.
Young, Miss Bertha M.....	1909 Fourteenth Street, N. W., Washington, D. C.

#### ERIE COUNTY HOSPITAL ALUMNÆ.

Adair, Miss Rachel.....	177 Northampton Street, Buffalo, N. Y.
Asmus, Miss Carrie.....	14 Sherwood Street, Buffalo, N. Y.
Barnes, Miss Louise.....	611 Deer Street, Dunkirk, N. Y.
Blair, Miss Grace.....	Dayton, N. Y.
Bullett, Mrs. E. (Lillian Zubrick) .....	927 Michigan Street, Buffalo, N. Y.
Carruthers, Miss Allison.....	Avening, Ontario
Cobb, Mrs. A. A. (Alice Barber) .....	Brockton, N. Y.



Comfort, Mrs. A. E.....	1723 Stout Street, Denver, N. Y.
Costello, Miss Frances.....	Elmira, N. Y.
Cox, Miss Jennie.....	344 West Avenue, Buffalo, N. Y.
Culver, Miss Flora.....	344 West Avenue, Buffalo, N. Y.
Curry, Miss M.....	381 East Street, Buffalo, N. Y.
Dark, Miss Florence.....	Women's Hospital, Saginaw, Mich.
Dark, Miss Lilian.....	Riverside Hospital, Lafayette Avenue, Buffalo, N. Y.
Davis, Mrs. M. M.....	General Hospital, Bradford, Pa.
Filsinger, Mrs. F. (Emma Mickel).....	177 Northampton Street, Buffalo, N. Y.
Fletcher, Miss Lydia.....	Women's and Infants' Hospital, Detroit, Mich.
Flickinger, Miss Marie.....	344 West Avenue, Buffalo, N. Y.
Gay, Miss Laura.....	New York Infant Asylum, Mt. Vernon, N. Y.
Gillette, Miss Alice.....	Post Hospital, Matanzas, Cuba
Green, Miss Clara.....	Tonawanda, N. Y.
Heatley, Miss Alice.....	Almshouse, Smethport, Pa.
Keating, Miss Emma J. (Honorary Member).....	Erie County Hospital, Buffalo, N. Y.
Kreitner, Miss Mary.....	City Hospital for Women, Buffalo, N. Y.
Langworthy, Miss Martha.....	432 Pearl Street, Buffalo, N. Y.
Lindsay, Miss Allie (Honorary Member)....	176 Carolina Street, Buffalo, N. Y.
Loop, Mrs. R. G. (Agnes Elliot).....	52 South Main Street, Elmira, N. Y.
McCormick, Miss M. L.....	Women's Hospital, 350 Gral Solano, Manila, P. I.
McDade, Miss Julia.....	112 Mariner Street, Buffalo, N. Y.
McDonald, Mrs. S. M.....	98 Harvard Place, Buffalo, N. Y.
McKinnon, Mrs. S. H.....	Samaritan Hospital, Sioux City, Mich.
Messenger, Mrs. M. (Julia Wurtenberger).....	Swormsville, N. Y.
Mullett, Miss Ellen.....	Erie County Hospital, Buffalo, N. Y.
Noeller, Miss Lillian.....	German Hospital, Buffalo, N. Y.
Oates, Miss Mina.....	344 West Avenue, Buffalo, N. Y.
O'Hare, Miss Della.....	369 Hudson Street, Buffalo, N. Y.
Peeling, Miss Addie.....	30 Arlington Place, Buffalo, N. Y.
Pfeffer, Mrs. L. H. (Frances McGarr).....	70 Dodge Street, Buffalo, N. Y.
Reece, Miss Bernice.....	39 Florida Street, Buffalo, N. Y.
Reid, Miss Laura.....	578 Oak Street, Buffalo, N. Y.
Robison, Mrs. J. H. (Lettie Galbraith)....	27 Chautauqua Place, Bradford, Pa.
Schanne, Miss Emile.....	94 Tompkins Street, Cortland, N. Y.
Skinner, Mrs. L. (Cena Ranson).....	120 Glenwood Avenue, Buffalo, N. Y.
Smith, Mrs. G. D. (Edith Seaman).....	53 South Main Street, Elmira, N. Y.
Snider, Miss E. J.....	430 E. Chapin Street, Cadillac, Mich.
Sullivan, Miss Leonora.....	Elmira, N. Y.
Swain, Miss A. M.....	Erie County Hospital, Buffalo, N. Y.
Unger, Miss B. M.....	655 Elm Street, Buffalo, N. Y.
Van Allen, Mrs. L. (Mabel Dingle).....	30 Otis Place, Buffalo, N. Y.

## FARRAND TRAINING-SCHOOL ALUMNÆ ASSOCIATION, DETROIT.

## HONORARY MEMBER.

Gretter, Mrs. L. E.....	Harper Hospital, Detroit, Mich.
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## ACTIVE MEMBERS.

Banning, Mrs.....	428 Baker Street, Detroit, Mich.
Bayne, Miss.....	191 Farnsworth Avenue, Detroit, Mich.
Beaumess, Miss.....	94 Willis Avenue, West, Detroit, Mich.



Bellows, Miss.....	Detroit, Mich.
Betleys, Miss.....	290 Kirby Avenue, Detroit, Mich.
Borden, Miss .....	94 Willis Avenue, West, Detroit, Mich.
Bowen, Miss.....	78 Pine Street, Detroit, Mich.
Brown, Miss E.....	1106 Russell Street, Detroit, Mich.
Brown, Mrs.....	94 Willis Avenue, Detroit, Mich.
Buchan, Mrs.....	255 Canfield Avenue, West, Detroit, Mich.
Bunnell, Mrs.....	94 Willis Avenue, West, Detroit, Mich.
Callendar, Miss.....	Windsor, Ont.
Carle, Miss.....	41 Brady Street, Detroit, Mich.
Carley, Miss.....	Windsor, Ont.
Carnegie, Miss.....	94 Willis Avenue, West, Detroit, Mich.
Collin, Miss.....	41 Brady Street, Detroit, Mich.
Collins, Miss.....	290 Kirby Avenue, Detroit, Mich.
Conklin, Miss.....	345 Merrick Avenue, Detroit, Mich.
Courtney, Miss.....	65 Brady Street, Detroit, Mich.
Craig, Miss.....	872 Trumbull Avenue, Detroit, Mich.
Cunningham, Miss.....	327 Twenty-third Street, Detroit, Mich.
Dailey, Miss.....	54 Elizabeth Street, West, Detroit, Mich.
Dawson, Miss.....	191 Farnsworth Avenue, Detroit, Mich.
Deans, Miss.....	Oswego, N. Y.
Donnelly, Miss.....	336 Congress Street, East, Detroit, Mich.
Durkee, Miss.....	26 East High Street, Detroit, Mich.
Estey, Miss.....	319 Thompson Street, Ann Arbor, Mich.
Freney, Miss.....	Care of White Cross Hospital Corps, Honolulu
Graessley, Miss.....	Monroe, Mich.
Graff, Miss.....	191 Farnsworth Avenue, Detroit, Mich.
Gray, Miss.....	1340 Lombard Street, Philadelphia, Pa.
Griswold, Miss.....	Appleton, Wis.
Healey, Miss.....	26 East High Street, Detroit, Mich.
Hinkson, Miss.....	290 Kirby Avenue, Detroit, Mich.
Hinsdale, Miss.....	290 Kirby Avenue, Detroit, Mich.
Hirschberg, Miss.....	1400 Detroit Street, Cleveland, O.
Hoxsey, Miss.....	Moody's Seminary, Northfield, Mass.
Judson, Miss.....	191 Farnsworth Avenue, Detroit, Mich.
Keenan, Mrs.....	94 Willis Avenue, West, Detroit, Mich.
Kenning, Miss.....	Windsor, Ont.
La Voy, Miss.....	Care of White Cross Hospital Corps, Honolulu
Little, Miss.....	Children's Free Hospital, Detroit, Mich.
Lond, Miss.....	94 Willis Avenue, West, Detroit, Mich.
Martmer, Miss.....	512 Fort Street, East, Detroit, Mich.
McArthur, Miss.....	Windsor, Ont.
McBeth, Miss.....	54 Elizabeth Street, West, Detroit, Mich.
McClaskie, Miss.....	Nichols Memorial Hospital, Battle Creek, Mich.
McCurdy, Miss.....	290 Kirby Avenue, Detroit, Mich.
McGeary, Miss.....	40 Charlotte Avenue, Detroit, Mich.
McKay, Miss.....	25 Berwick Avenue, Detroit, Mich.
McKenzie, Miss A.....	144 High Street, East, Detroit, Mich.
McKenzie, Miss M.....	33 Hecla Avenue, Detroit, Mich.
Mercer, Miss.....	94 Willis Avenue, West, Detroit, Mich.
Merritt, Miss.....	191 Farnsworth Avenue, Detroit, Mich.



Miller, Miss.....	54 Elizabeth Street, West, Detroit, Mich.
Miller, Mrs.....	699 Third Avenue, Detroit, Mich.
Moyer, Miss.....	178 Willis Avenue, West, Detroit, Mich.
Osborne, Miss M. E.....	Flint, Mich.
Park, Miss.....	26 East High Street, Detroit, Mich.
Parker, Miss.....	338 Farnsworth Avenue, Detroit, Mich.
Parkhurst, Miss.....	Nichols' Memorial Hospital, Battle Creek, Mich.
Renton, Miss.....	290 Kirby Avenue, Detroit, Mich.
Richards, Miss Anna.....	255 Canfield Avenue, West, Detroit, Mich.
Rieman, Miss.....	94 Willis Avenue, West, Detroit, Mich.
Robbins, Miss.....	290 Kirby Avenue, Detroit, Mich.
Russell, Miss Ella.....	191 Farnsworth Avenue, Detroit, Mich.
Russell, Miss Etta.....	191 Farnsworth Avenue, Detroit, Mich.
Rutley, Miss.....	St. Luke's Hospital, San Francisco, Cal.
Ryan, Miss.....	Ishpeming, Mich.
Scates, Miss.....	290 Kirby Avenue, Detroit, Mich.
Sly, Miss.....	191 Farnsworth Avenue, Detroit, Mich.
Smith, Miss Mary.....	41 Brady Street, Detroit, Mich.
Smith, Miss M. E.....	191 Farnsworth Avenue, Detroit, Mich.
Smith, Miss R.....	191 Farnsworth Avenue, Detroit, Mich.
Stone, Miss.....	Clarkson, Mich.
Stoner, Mrs.....	290 Kirby Avenue, Detroit, Mich.
Sutherland, Miss.....	191 Farnsworth Avenue, Detroit, Mich.
Taplin, Miss.....	191 Farnsworth Avenue, Detroit, Mich.
Thornton, Miss.....	St. Luke's Hospital, Duluth, Minn.
Trafford, Miss.....	Ionia, Mich.
Tufford, Miss.....	107 Eighteenth Street, Detroit, Mich.
Turner, Miss.....	54 Elizabeth Street, West, Detroit, Mich.
Whitely, Miss.....	35 Bagley Avenue, Detroit, Mich.
Wilson, Mrs.....	94 Willis Avenue, West, Detroit, Mich.
Wright, Miss.....	94 Willis Avenue, West, Detroit, Mich.
Wright, Miss.....	290 Kirby Avenue, Detroit, Mich.
Young, Miss.....	Harper Hospital, Detroit, Mich.

## GARFIELD MEMORIAL HOSPITAL ALUMNÆ.

Allan, Miss Jean.....	Manila, P. I.
Battenfield, Miss Harriet.....	72 Twentieth Street, North Columbus, O.
Bauer, Miss Hettie.....	The Victoria, Washington, D. C.
Bauer, Miss Laura J.....	The Victoria, Washington, D. C.
Bauskett, Miss Mary.....	1201 Princeton Street, Washington, D. C.
Boersig, Miss Mary.....	3156 P Street, Washington, D. C.
Davis, Miss Elizabeth A.....	The Portner, Washington, D. C.
Gannon, Miss Mary.....	The Westover, Washington, D. C.
Gardner, Miss Helen.....	The Victoria, Washington, D. C.
Gemmil, Miss Sara.....	The Victoria, Washington, D. C.
Goodwyn, Mrs. Amy.....	Buffalo, N. Y.
Graham, Miss Georgine.....	The Victoria, Washington, D. C.
Greenlees, Miss A. J., President Alumnae Asso'n..	The Portner, Washington, D. C.
Halligan, Miss Mary.....	1608 K Street, Washington, D. C.
Hart, Miss Jessie.....	The Savoy, Washington, D. C.



Hillary, Miss Mary S.....	805 Twelfth Street, Washington, D. C.
Howe, Miss Jessie.....	1234 Fourteenth Street, Washington, D. C.
Jacobs, Miss Nellie.....	914 Eleventh Street, Washington, D. C.
Kell, Miss Mary.....	2410 Fourteenth Street, Washington, D. C.
Lide, Miss Julia.....	1355 Corcoran Street, Washington, D. C.
Lcucks, Miss Mabel.....	Huntington, Pa.
Mahan, Miss Irene.....	The Portner, Washington, D. C.
Mahan, Miss Nancy.....	2410 Fourteenth Street, Washington, D. C.
Mathews, Miss Frona.....	St. Elizabeth's Asylum, D. C.
Maynard, Miss Rachel.....	Garfield Memorial Hospital, Washington, D. C.
McWhorter, Miss Alice.....	1601 Connecticut Avenue, Washington, D. C.
Meredith, Miss Violet.....	3 West Main Street, Tarrytown, N. Y.
Milliken, Miss Lucy.....	1234 Fourteenth Street, Washington, D. C.
Morris, Miss Florence (Mrs. Baldwin).....	1000 Twenty-fourth Street, Washington, D. C.
Murrin, Miss Maud.....	1234 Fourteenth Street, Washington, D. C.
Paxton, Miss Minnie.....	1234 Fourteenth Street, Washington, D. C.
Perrie, Miss Helen.....	The Victoria, Washington, D. C.
Purman, Dr. R. Mildred.....	Tacoma, Wash.
Reid, Miss Nellie.....	The Lenox, Washington, D. C.
Rome, Mrs. Margaret Mullen.....	Colonial Beach, Va.
Rosser, Miss Mary.....	Garfield Memorial Hospital, Washington, D. C.
Rule, Miss Amy.....	Girls' Reform School, D. C.
Rule, Miss Sadie.....	The Portner, Washington, D. C.
Ryan, Mrs. Leila Pizzini.....	Baltimore, Md.
Sears, Miss Jessie.....	The Victoria, Washington, D. C.
Slainforth, Miss Clara.....	The Mt. Vernon, Washington, D. C.
Tyree, Mrs.....	1334 F Street, Washington, D. C.
Walker, Miss Elizabeth.....	1311 Fourteenth Street, Washington, D. C.
Wanner, Miss Jennie.....	The Victoria, Washington, D. C.

## GRACE HOSPITAL ALUMNÆ.

Adams, Miss Anna.....	Grace Hospital, Detroit, Mich.
Agnew, Miss Anna.....	148 Elizabeth Street, East, Detroit, Mich.
Agnew, Miss Madge.....	192 Ferry Avenue, Detroit, Mich.
Allison, Miss Janet.....	Willis and John R. Streets, Detroit, Mich.
Baxter, Miss Maud.....	82 Canfield Avenue, East, Detroit, Mich.
Brown, Miss Grace.....	82 Canfield Avenue, East, Detroit, Mich.
Buell, Miss Lena.....	82 Canfield Avenue, East, Detroit, Mich.
Campbell, Miss Frances.....	192 Ferry Avenue, Detroit, Mich.
Carruthers, Charles.....	Detroit, Mich.
Coyle, Miss Mary.....	82 Canfield Avenue, East, Detroit, Mich.
Crawford, Miss Margaret.....	179 Sidney Avenue, Detroit, Mich.
Day, Mr. George.....	69 Napoleon Street, Detroit, Mich.
Denise, Mrs. Mattie.....	Willis and John R. Streets, Detroit, Mich.
Field, Miss Mary.....	Grace Hospital, Detroit, Mich.
Fisk, Miss Rose.....	1010 Brush Street, Detroit, Mich.
Fleming, Miss Anna.....	82 Canfield Avenue, East, Detroit, Mich.
Gardner, Miss Margaret.....	61 Baltimore Avenue, Detroit, Mich.
Gerard, Miss Julia.....	21 Victoria Avenue, Windsor, Ont.



Gerow, Miss Katharine.....	Nellore, India
Giesmann, Miss W.....	Government Hospital, Matanzas, Cuba
Graves, Miss Mabel.....	211 East Boulevard, Detroit, Mich.
Hadcock, Miss Mattie.....	133 Trumbull Avenue, Detroit, Mich.
Harvey, Miss Rena.....	J. F. B. Hospital, Champaign, Ill.
Hicks, Miss Sara.....	78 Elizabeth Street, West, Detroit, Mich.
Ingersoll, Miss Gertrude.....	250 West Fort Street, Detroit, Mich.
Jermyn, Miss Mary.....	Hamilton, Ont.
Jolly, Miss Ida.....	82 Canfield Avenue, East, Detroit, Mich.
Lennox, Miss Jessie.....	28 Sproat Street, Detroit, Mich.
McFadden, Miss Mattie.....	304 Canfield Avenue, West, Detroit, Mich.
Miller, Miss Elizabeth.....	82 Canfield Avenue, East, Detroit, Mich.
North, Miss Frances.....	J. F. B. Hospital, Champaign, Ill.
Park, Miss Bertha.....	Willis and John R. Streets, Detroit, Mich.
Patterson, Miss Louise.....	Willis and John R. Streets, Detroit, Mich.
Perkins, Miss Minnie.....	655 Fourth Avenue, Detroit, Mich.
Peters, Miss Cora.....	Willis and John R. Streets, Detroit, Mich.
Pierce, Miss Cora.....	1209 Resaca Place, Allegheny, Pa.
Potts, Miss Henrietta.....	28 Sproat Street, Detroit, Mich.
Powers, Miss Laura.....	Willis and John R. Streets, Detroit, Mich.
Reaume, Miss Lottie.....	Willis and John R. Streets, Detroit, Mich.
Robb, William.....	312 Capitol Avenue, Lansing, Mich.
Sampson, Miss Anna.....	Blenheim, Ont.
Shields, Miss Christina.....	Willis and John R. Streets, Detroit, Mich.
Spicer, Mr.....	28 Sproat Street, Detroit, Mich.
Storrs, Miss Carrie.....	82 Canfield Avenue, East, Detroit, Mich.
Taylor, Miss Elizabeth.....	79 Washington Avenue, Detroit, Mich.
Thacker, Miss Florence.....	Willis and John R. Streets, Detroit, Mich.
Tunstead, Miss Godron.....	1010 Brush Street, Detroit, Mich.
Vincent, Miss Hattie.....	82 East Canfield Avenue, Detroit, Mich.
West, Miss Minnie.....	Jackson City Hospital, Jackson, Mich.
White, Miss Ida C.....	42 Farnsworth Street, Detroit, Mich.
White, Miss Mabel .....	Shurley Building, Detroit, Mich.

## HARTFORD HOSPITAL ALUMNÆ.

Abe, Miss E. M.....	48 Church Street, Hartford, Conn.
Allen, Mrs. N. F.....	520 Farmington Avenue, Hartford, Conn.
Bacon, Miss Minnie I.....	City Almshouse, Springfield, Mass.
Beardsley, Miss J. M.....	Plymouth, Conn.
Beck, Miss Lottie.....	46 Grand Street, Hartford, Conn.
Bois, Miss K. E.....	Windsor Avenue, Hartford, Conn.
Brazos, Miss Anna E.....	90 Buckingham Street, Hartford, Conn.
Bridgeman, Miss Delia L.....	171 Collins Street, Hartford, Conn.
Brown, Miss Mary E.....	30 Wethersfield Avenue, Hartford, Conn.
Bryson, Miss Jane A.....	31 Belden Street, Hartford, Conn.
Campbell, Miss Janet.....	29 Buckingham Street, Hartford, Conn.
Carman, Miss Florence.....	36 Jefferson Street, Hartford, Conn.
Carroll, Miss.....	29 Buckingham Street, Hartford, Conn.
Carter, Miss Maud.....	33 South Hudson Street, Hartford, Conn.
Carver, Miss Emma E.....	36 Jefferson Street, Hartford, Conn.



Case, Miss C.....	Barkhamstead, Conn.
Catlin, Miss Lillian.....	36 Jefferson Street, Hartford, Conn.
Cornelius, Miss Alice.....	98 High Street, Hartford, Conn.
Cretcher, Miss M. E.....	320 West Fifty-fifth Street, New York City, N. Y.
Crocker, Miss Hattie E.....	33 South Hudson Street, Hartford, Conn.
Daley, Miss Mary J.....	90 Buckingham Street, Hartford, Conn.
Doyle, Miss Margaret.....	Garden Street, Hartford, Conn.
Dudley, Mrs. W. A.....	Silver Lane, East Hartford, Conn.
Field, Miss Jane R.....	108 Ann Street, Hartford, Conn.
Fuller, Mrs. Henry W.....	33 South Hudson Street, Hartford, Conn.
Gates, Miss Ruby.....	153 Main Street, Hartford, Conn.
Gibbs, Miss Ella E.....	32 Byers Street, Hartford, Conn.
Goodrich, Miss Alice.....	20 South Hudson Street, Hartford, Conn.
Hackette, Miss Nellie F.....	90 Buckingham Street, Hartford, Conn.
Harrison, Miss Sarah L.....	29 Buckingham Street, Hartford, Conn.
Hicks, Miss Minnie R.....	Noroton, Conn.
House, Mrs. Caroline.....	Cheney Building, Hartford, Conn.
Humphrey, Miss.....	29 Buckingham Street, Hartford, Conn.
Hunter, Miss M. D.....	48 Church Street, Hartford, Conn.
Jennison, Miss Mary E.....	29 Buckingham Street, Hartford, Conn.
Johnson, Miss Mary C.....	29 Buckingham Street, Hartford, Conn.
Jones, Miss Helen F.....	29 Buckingham Street, Hartford, Conn.
Jordan, Miss Katherine.....	29 Buckingham Street, Hartford, Conn.
Keller, Miss Anna.....	573 Main Street, Hartford, Conn.
Lane, Mrs. E. J.....	131 Ashley Street, Hartford, Conn.
Lavin, Mrs. James J.....	46 Congress Street, Hartford, Conn.
Lee, Miss.....	Boston, Mass.
Lewis, Miss G.....	312 Farmington Avenue, Hartford, Conn.
Lewis, Mrs. Ida D.....	19 Tilton Street, Hartford, Conn.
Linn, Miss Josette.....	29 Buckingham Street, Hartford, Conn.
Lorber, Miss Harriet A.....	432 Washington Street, Hartford, Conn.
Marvin, Miss.....	29 Buckingham Street, Hartford, Conn.
Mast, Miss L.....	29 Buckingham Street, Hartford, Conn.
McCloy, Miss Helen M.....	36 Jefferson Street, Hartford, Conn.
McCollister, Miss Jennie.....	36 Jefferson Street, Hartford, Conn.
McCrimmon, Miss Isabel.....	90 Buckingham Street, Hartford, Conn.
McGarry, Miss Mary.....	48 Church Street, Hartford, Conn.
McKean, Miss Janet H.....	Athol, Cumberland County, N. S.
Miller, Mrs. H. F.....	45 Farmington Avenue, Hartford, Conn.
Morehouse, Mrs. E. K.....	14 Church Street, Hartford, Conn.
Morrow, Miss M. A.....	321 West Main Street, Meriden, Conn.
Muzzy, Mrs. Charles.....	Goodwin Street, Bristol, Conn.
Nutting, Miss Mary H.....	Garden Street, Hartford, Conn.
Osborn, Miss Emma J.....	7 Sibley Avenue, Westfield, Mass.
Pardee, Miss Idella.....	Southington, Conn.
Parsons, Miss Juliette A.....	Springfield, Mass.
Perry, Miss Rilla.....	Noroton, Conn.
Richards, Miss Emma B.....	36 Jefferson Street, Hartford, Conn.
Roberts, Miss L. B.....	Byers Street, Springfield, Mass.
Rogers, Miss Mary A.....	29 Buckingham Street, Hartford, Conn.
Russell, Miss Anna.....	14 Church Street, Hartford, Conn.



Schultz, Mrs. Charlotte.....	116 Clark Street, Hartford, Conn.
Shepard, Miss.....	90 Buckingham Street, Hartford, Conn.
Sherwood, Miss Mildred.....	Ossing Hospital, Sing Sing, N. Y.
Smith, Miss Alice M.....	432 Washington Street, Hartford, Conn.
Smith, Mrs. Edward T.....	Norfolk, Conn.
Snow, Miss Mary.....	48 Church Street, Hartford, Conn.
Spencer, Mrs. C. M.....	Windsor, Conn.
Spitzli, Miss Margaret.....	31 Belden Street, Hartford, Conn.
Stafford, Mrs. Minnie A. S.....	36 Jefferson Street, Hartford, Conn.
Straw, Miss Etta A.....	97 Webster Street, Hartford, Conn.
Swift, Mrs. Talmadge.....	30 Gillette Street, Hartford, Conn.
Titius, Miss.....	29 Buckingham Street, Hartford, Conn.
Tracey, Mrs. Maria Clark.....	36 Jefferson Street, Hartford, Conn.
Wakefield, Miss Anna M.....	488 Columbus Avenue, New York City, N. Y.
Wakefield, Miss M. A.....	488 Columbus Avenue, New York City, N. Y.
Waterman, Miss Hattie I.....	36 Jefferson Street, Hartford, Conn.
Way, Miss Lucy.....	22 Niles Street, Hartford, Conn.
White, Mrs. Henry.....	Fitzwilliam Depot, N. H.
Wilkinson, Miss Martha J.....	90 Buckingham Street, Hartford, Conn.
Wind, Miss Lillie.....	90 Buckingham Street, Hartford, Conn.
Wright, Miss Mary J.....	90 Buckingham Street, Hartford, Conn.

HOSPITAL OF THE GOOD SHEPHERD ALUMNÆ, SYRACUSE, N. Y.

Arnold Miss Alice.....	1012 East Adams Street, Syracuse, N. Y.
Benedict, Miss Helen R.....	1416 Spring Street, Syracuse, N. Y.
Bliss, Miss Amy A.....	Baldwinsville, N. Y.
Bohn, Miss Henrietta M.....	1001 East Genesee Street, Syracuse, N. Y.
Burhill, Mrs. Harvey D.....	1540 South State Street, Syracuse, N. Y.
Cheesebrough, Miss Jennie L.....	Superintendent City Hospital, Oswego, N. Y.
Dexter, Miss Eulalia.....	State Institute for Feeble-Minded, Syracuse, N. Y.
Drinkwater, Miss Ada K.....	106 Glahn Avenue, Syracuse, N. Y.
Gannett, Mrs. Lois E.....	621 South Crouse Avenue, Syracuse, N. Y.
Gardner, Miss Eva M.....	522 East Washington Street, Syracuse, N. Y.
Garnet, Mrs. John.....	510 East Fayette Street, Syracuse, N. Y.
Gillette, Miss Katherine.....	904 Irving Avenue, Syracuse, N. Y.
Goodenough, Miss Belle R.....	1012 East Adams Street, Syracuse, N. Y.
Hart, Miss Eleanor.....	906 Irving Avenue, Syracuse, N. Y.
Haydn, Miss Mina.....	25 Clinton Street, Watertown, N. Y.
Johnson, Miss Irene M.....	1819 East Genesee Street, Syracuse, N. Y.
Keith, Mrs. W. Castle.....	1571 South Salina Street, Syracuse, N. Y.
Lawrence, Miss Anna.....	1012 East Adams Street, Syracuse, N. Y.
Lewis, Miss Eidelweiss.....	1012 East Adams Street, Syracuse, N. Y.
Lightbourn, Miss Lina.....	Hospital of the Good Shepherd, Syracuse, N. Y.
MacAlister, Miss Alice.....	505 Irving Avenue, Syracuse, N. Y.
McDonald, Miss Frances.....	346 Delaware Street, Syracuse, N. Y.
Richardson, Miss Frances.....	3903 Michigan Boulevard, Chicago, Ill.
Rigby, Miss Louise.....	Geneva, N. Y.
Roblin, Miss Bertha I.....	505 Irving Avenue, Syracuse, N. Y.
Seymour, Miss Edith.....	904 Irving Avenue, Syracuse, N. Y.
Shaw, Mrs. Margaret.....	330 Green Street, Syracuse, N. Y.



Sinclair, Miss Cynthia.....	1303 Orange Street, Syracuse, N. Y.
Snyder, Miss Eva L.....	114 Elk Street, Syracuse, N. Y.
Southworth, Miss Harriet.....	709 South Crouse Avenue, Syracuse, N. Y.
Stively, Miss Florence M.....	St. John's Military School, Manlius, N. Y.
Turner, Miss Mary J.....	907 East Genesee Street, Syracuse, N. Y.
Waters, Miss Arlone C.....	405 Montgomery Street, Syracuse, N. Y.
Willett, Miss Jennie F.....	509 East Genesee Street, Syracuse, N. Y.

## ILLINOIS TRAINING-SCHOOL ALUMNÆ.

Ackander, Mrs. Albert B.....	176 Seventy-fifth Street, Windsor Park, Ill.
Aebisher, Miss Marie.....	304 Honore Street, Chicago, Ill.
Aherns, Miss Minnie.....	306 Ogden Avenue, Chicago, Ill.
Albertson, Miss Almo.....	294 Hermitage Avenue, Chicago, Ill.
Alden, Miss Lillian.....	217 West Horsman Street, Rockford, Ill.
Anderson, Miss Katherine.....	120 West Quartz Street, Butte, Mont.
Arnold, Miss Bessie F.....	371 Sibley Street, Cleveland, O.
Baker, Miss Caroline.....	Palmer Memorial Hospital, Janesville, Wis.
Baker, Miss Tessora.....	568 West Congress Street, Chicago, Ill.
Barnes, Miss Mary D.....	27 East Thirtieth Street, New York City, N. Y.
Barnett, Miss Elizabeth.....	203 Church Street, Neenah, Wis.
Barnhardt, Mrs. Josephine.....	304 Honore Street, Chicago, Ill.
Barnum, Miss Effie.....	6400 Normal Avenue, Englewood, Ill.
Beaton, Miss Anna H.....	304 Honore Street, Chicago, Ill.
Beer, Miss Mary R.....	St. George's Hospital, Iron Mountain, Mich.
Benson, Miss Irene.....	5042 Washington Park Place, Chicago, Ill.
Bingham, Miss Elizabeth.....	723 Congress Street, Chicago, Ill.
Blackmar, Miss Mabel.....	5042 Washington Park Place, Chicago, Ill.
Boyd, Miss Florence.....	545 South Eleventh Street, Lincoln, Neb.
Breeze, Miss Jessie.....	304 Honore Street, Chicago, Ill.
Briggs, Miss Eliza.....	1463 Jackson Boulevard, Chicago, Ill.
Brown, Miss Phœbe.....	278 Thatcher Avenue, River Forest, Ill.
Bryce, Miss Anna.....	175 Park Avenue, Chicago, Ill.
Buchanan, Miss Annie.....	4511 Indiana Avenue, Chicago, Ill.
Buchanan, Miss Mary.....	304 Honore Street, Chicago, Ill.
Burt, Miss Florence.....	Finlay Hospital, Dubuque, Ia.
Campbell, Miss Estella.....	Jefferson, Ia
Campbell, Miss Gertrude.....	2497 Lakewood Avenue, Edgewater, Ill.
Carlin, Miss Katherine.....	24 Humboldt Park Boulevard, Chicago, Ill.
Cassels, Miss J. T.....	548 St. John Street, Quebec, Can.
Clark, Miss Lucy.....	3200 Calumet Avenue, Chicago, Ill.
Culter, Miss Eva.....	Lakeport, Cal.
Cutler, Mrs. Julia.....	665 Cleveland Avenue, Chicago, Ill.
Dalglish, Miss M.....	175 Park Avenue, Chicago, Ill.
Davenport, Miss Cornelia.....	122 Honore Street, Chicago, Ill.
Davis, Miss Elizabeth.....	Winona General Hospital, Winona, Minn.
Detwiles, Miss Elizabeth.....	Truxillo, Va.
De Witte, Miss Katherine.....	1634 Kenmore Avenue, Buena Park, Chicago, Ill.
Dick, Miss S. M.....	468 West Adams Street, Chicago, Ill.
Dietz, Miss Marie.....	835 Edgewater Avenue, Chicago, Ill.
Dolle, Mrs. Edward.....	59 Laflin Street, Chicago, Ill.



Dow, Miss Minnie.....	6419 Normal Avenue, Chicago, Ill.
Dowd, Miss H. E.....	723 West Congress Street, Chicago, Ill.
Duff, Mrs. J. E.....	17 South Forty-eighth Avenue, Chicago, Ill.
Duncan, Miss Jeanette...	Thirty-ninth Street and Langley Avenue, Chicago, Ill.
Durward, Miss Thekla.....	496 North Clark Street, Chicago, Ill.
Eaton, Miss Bertha.....	564 Dearborn Avenue, Chicago, Ill.
Ebersole, Miss S. C.....	Howard University, Washington, D. C.
Ehrhart, Miss Emma.....	64 East Harris Street, Atlanta, Ga.
Ellington, Miss M. B.....	1463 Jackson Boulevard, Chicago, Ill.
Evans, Miss W.....	1463 Jackson Boulevard, Chicago, Ill.
Ewan, Miss Nettie.....	496 North Clark Street, Chicago, Ill.
Falk, Miss Sophia.....	1240 West Fifteenth Street, Chicago, Ill.
Fannilla, Miss A. M.....	110 South Hoyne Avenue, Chicago, Ill.
Flatt, Miss C. S.....	404 Washington Street, Champaign, Ill.
Forman, Mrs. George.....	1001 Chamber of Commerce, Chicago, Ill.
Fowler, Miss Mae.....	Hotel La Court, Denver, Col.
Franing, Mrs. Ed.....	926 East Main Street, Galesburg, Ill.
Frazier, Miss G.....	11 Frazier Block, Aurora, Ill.
Fuller, Miss M. L.....	5 Livingston Place, N. Y.
Gardiner, Miss Dr. S.....	5641 Ohio Street, Austin, Ill.
Gates, Miss A. L.....	346 Hudson Avenue, Chicago, Ill.
Gillespie, Miss C. E.....	Havre, Mont.
Glenn, Miss.....	West One-hundred-and-Twentieth Street, New York City, N. Y., care of Teachers College
Goerk, Miss H. C.....	752 Monroe Street, Chicago, Ill.
Goodby, Miss M.....	Thirty-ninth Street and Langley Avenue, Chicago, Ill.
Gordhue, Miss Ella.....	1463 Jackson Boulevard, Chicago, Ill.
Goss, Miss Mary B.....	113 Frederick Avenue, Oshkosh, Ill.
Gould, Miss Nina.....	724 Colfax Avenue, South Bend, Ind.
Grant, Miss C. F.....	304 Honore Street, Chicago, Ill.
Griffiths, Miss Bertha.....	486 Fullerton Avenue, Chicago, Ill.
Grimes, Miss Nellie.....	93 Edgewood Place, Cleveland, O.
Grindel, Miss Lydia.....	Plattville, Wis.
Gueen, Miss V.....	707 West Adams Street, Chicago, Ill.
Guen, Miss Janet.....	638 Adams Street, Chicago, Ill.
Hackett, Dr. E. C.....	Hull House, Chicago, Ill.
Haining, Miss M. D.....	542 East Pearl Street, Ottawa, Ill.
Hall, Miss Lucy.....	St. Luke's Hospital, San Francisco, Cal.
Hanks, Mrs. J.....	Kanona, N. Y.
Hart, Miss P. J.....	401 Kishwaukee Street, Rockport, Ill.
Hartt, Miss Ella.....	265 South Robey Street, Chicago, Ill.
Haswell, Miss Anna.....	Oakland Heights, Madison, Wis.
Hatch, Miss H.....	432 South Leavitt Street, Chicago, Ill.
Hathaway, Miss L.....	5042 Washington Park Place, Chicago, Ill.
Hay, Miss H. S.....	498 West Adams Street, Chicago, Ill.
Heide, Miss E.....	1115 Poat Street, Ottawa, Ill.
Heinsfurter, Miss R.....	4511 Indiana Avenue, Chicago, Ill.
Heohmeyer, Mrs. L.....	295 Webster Avenue, Chicago, Ill.
Hepperley, Miss Laura.....	274 Ashland Boulevard, Chicago, Ill.
Hickey, Miss Anna.....	493 F. Street, Unban, Montreal, Can.
Hieth, Miss M. M.....	3524 Michigan Avenue, Chicago, Ill.



Higbee, Mrs. H. T.....	304 Honore Street, Chicago, Ill.
Higgins, Miss Ella F.....	102 East Thirty-sixth Street, Chicago, Ill.
Hoffman, Miss M.....	Military Hospital, Calamba, P. I.
Holland, Miss Emma.....	Thirty-ninth Street and Langley Avenue, Chicago, Ill.
Holroyd, Miss Jessie.....	3200 Calumet Avenue, Chicago, Ill.
Howard, Miss M.....	278 Marshfield Avenue, Chicago, Ill.
Hubbard, Miss E.....	Ward 26, County Hospital, Chicago, Ill.
Hume, Miss Margaret.....	Unity Building, care of Visiting Nurses' Association
Huot, Miss J.....	414 First Avenue, East Duluth, Minn.
Jackman, Miss S. C.....	114 West Newton Street, Boston, Mass.
Jacobs, Miss W. H.....	213 Warren Avenue, Chicago, Ill.
Jarvis, Miss I.....	714 Edgewood Avenue, Chicago, Ill.
Jelley, Miss H.....	213 Warren Avenue, Chicago, Ill.
Johannie, Miss Amma.....	324 Ogden Avenue, Chicago, Ill.
Johnson, Miss A.....	3917 Indiana Avenue, Chicago, Ill.
Johnson, Mrs. A.....	Waupun, Wis.
Jones, Miss E.....	338 Hermitage Avenue, Chicago, Ill.
Kellar, Miss Catherine.....	5042 Washington Park Place, Chicago, Ill.
Kelley, Miss H. W.....	203 South Lincoln Street, Chicago, Ill.
Kellogg, Miss G.....	665 Cleveland Avenue, Chicago, Ill.
Kerrick, Miss Mary.....	299 La Salle Avenue, Chicago, Ill.
Kincaid, Miss Eda.....	1319 North Street, Lincoln, Neb.
King, Miss V.....	338 Hermitage Avenue, Chicago, Ill.
Koch, Mrs. Emma.....	294 Ashland Boulevard, Chicago, Ill.
Krueger, Miss M.....	304 Honore Street, Chicago, Ill.
La Count, Mrs.....	398 South Marshfield Avenue, Chicago, Ill.
Lake, Miss C.....	241 Central Avenue, Austin, Ill.
Landon, Miss A.....	338 Hermitage Avenue, Chicago, Ill.
Lange, Miss D.....	117 East Superior Street, Ottawa, Ill.
Lauver, Miss I.....	Woman's Hospital, Thirty-second Street and Rhodes Avenue, Chicago, Ill.
Lawther, Miss Mary.....	1373 Flower Street, Los Angeles, Cal.
Leader, Miss Ethel.....	304 Honore Street, Chicago, Ill.
Ledwidge, Miss Mary.....	304 Honore Street, Chicago, Ill.
Lee, Miss Mabel.....	600 South Main Street, Frankford, Ind.
Leinhardt, Miss E.....	324 Ogden Avenue, Chicago, Ill.
Lentz, Miss Bertha.....	27 East Thirtieth Street, New York City, N. Y.
Lindholm, Miss C.....	1311 East Twelfth Street, Des Moines, Ia.
Littell, Miss H.....	358 Ogden Avenue, Chicago, Ill.
Lockwood, Mrs. Charles.....	170 South Madison Avenue, Pasadena, Cal.
Loomis, Miss M. S.....	Ellensburg, Wash.
Louer, Miss C. S.....	Jewish Hospital, Philadelphia, Pa.
Lutz, Miss Emilie.....	454 West Congress Street, Chicago, Ill.
Lyons, Miss Mary.....	346 Hudson Avenue, Chicago, Ill.
Macdonell, Mrs. F. L.....	2410 Prairie Avenue, Chicago, Ill.
Macpherson, Miss K.....	68 Bryant Avenue, Chicago, Ill.
Manzer, Miss E.....	254 South Jackson Street, Janesville, Wis.
Mayou, Miss E.....	London, Ont.
McConnell, Miss S. W.....	338 Hermitage Avenue, Chicago, Ill.
McCully, Miss Jane.....	381 Superior Street, Chicago, Ill.
McElin, Miss Mary.....	1463 Jackson Boulevard, Chicago, Ill.



McFarland, Miss A.....	6504 Jackson Avenue, Chicago, Ill.
McIsaac, Miss E. M.....	304 Honore Street, Chicago, Ill.
McIsaac, Miss I.....	304 Honore Street, Chicago, Ill.
McKnight, Miss M.....	825 Avenue B, San Antonio, Tex.
McMillan, Miss H.....	Lakeside Hospital, Cleveland, O.
McPhaden, Miss.....	2400 Humboldt Park Boulevard, Chicago, Ill.
Millar, Miss Maude.....	Thirty-fifth Street and Ellis Avenue, Chicago, Ill.
Miller, Miss P.....	2400 Humboldt Park Boulevard, Chicago, Ill.
Mills, Mrs. N. P.....	756 Durke Street, Appleton, Wis.
Mitchell, Miss E.....	6835 Yale Avenue, Chicago, Ill.
Moore, Miss E. J.....	1808 Indiana Avenue, Chicago, Ill.
Morning, Miss U.....	4468 Lake Avenue, Chicago, Ill.
Morse, Miss M.....	3200 Calumet Avenue, Chicago, Ill.
Much, Miss M. L.....	Presidio, San Francisco, Cal.
Mullin, Miss A. R.....	303 Sacramento Avenue, Chicago, Ill.
Munuell, Miss M. R.....	Dr. Getz Hospital, Marshalltown, Ia.
Murphy, Miss L.....	1922 Indiana Avenue, Chicago, Ill.
Neale, Miss L.....	4948 Washington Avenue, Chicago, Ill.
Oberg, Miss C. F.....	Swedish Home of Mercy Hospital, Bowmanville, Ill.
Ochsner, Mrs. Ed.....	528 Garfield Avenue, Chicago, Ill.
O'Neil, Miss M.....	Chicago View Hotel, Ogden and Madison Streets, Chicago, Ill.
Overholt, Miss C.....	2814 Groveland Avenue, Chicago, Ill.
Pahl, Mrs. H. W.....	Good Samaritan Hcspital, Los Angeles, Cal.
Palmer, Miss B.....	278 Marshfield Avenue, Chicago, Ill.
Palmer, Miss L. E.....	1363 West Harrison Street, Chicago, Ill.
Parnell, Mrs. R.....	146 Ashland Boulevard, Chicago, Ill.
Peck, Miss S. E.....	317 Belleville Avenue, Bloomfield, N. J.
Phelps, Miss C. C.....	460 South Desplaines Street, Chicago, Ill.
Pickhardt, Miss L.....	Augustana Hospital, Chicago, Ill.
Pollock, Miss J. H.....	The Albion, West C Street, St. Paul, Minn.
Pollock, Miss M. E.....	The Albion, West C Street, St. Paul, Minn.
Powell, Miss E.....	488 Garfield Avenue, Aurora, Ill.
Prentiss, Miss M.....	2400 Dearborn Street, Chicago, Ill.
Reid, Miss Ellen W. G.....	Lake Forest, Ill.
Remler, Miss K.....	3147 Indiana Avenue, Chicago, Ill.
Riedle, Miss C. M.....	Presbyterian Hospital, Chicago, Ill.
Robb, Miss M. A.....	304 Honore Street, Chicago, Ill.
Roedelheim, Miss E.....	149 East Sixty-seventh Street, New York City, N. Y.
Rosborough, Miss Margaret.....	Public Hospital, Moline, Ill.
Rose, Miss I. C.....	5059 Vincennes Avenue, Chicago, Ill.
Russell, Miss.....	Thirty-fifth Street and Ellis Avenue, Chicago, Ill.
Sargent, Miss.....	498 West Adams Street, Chicago, Ill.
Sawhill, Miss E. B.....	Iberia, Morrow County, O.
Saxton, Miss D. M.....	1732 Chicago Avenue, Evanston, Ill.
Schuppert, Miss.....	75 De Kalb Street, Chicago, Ill.
Senn, Miss Emily.....	213 Warren Avenue, Chicago, Ill.
Seymour, Miss L. M.....	279 Clybourn Avenue, Chicago, Ill.
Sigler, Miss L.....	5405 Frink Street, Chicago, Ill.
Sigsbee, Miss H.....	Flat 3, 324 Ogden Avenue, Chicago, Ill.
Simater, Miss M. E.....	Pontiac, Ill.
Sinclair, Mrs. A.....	5042 Washington Park Place, Chicago, Ill.



Sloper, Miss Mary E.....	761 West Madison Street, Chicago, Ill.
Smith, Miss E. F.....	Greenwich, Conn.
Spencer, Miss E. M.....	419 Potomac Avenue, Chicago, Ill.
Stafford, Laura.....	19½ Fifth Street, Northeast, Minneapolis, Minn.
Steinbach, Miss H.....	278 Marshfield Avenue, Chicago, Ill.
Stetson, Miss L.....	5042 Washington Park Place, Chicago, Ill.
Stoker, Miss J. M.....	United States Army, Angel Island, San Francisco, Cal.
Straight, Miss D.....	723 Congress Street, Chicago, Ill.
Ström, Miss H.....	P. O. Box 1064, Butte, Mont.
Switzer, Miss Kate.....	3610 Lake Avenue, Chicago, Ill.
Switzer, Mrs. G. O.....	Stanby, Wis.
Tainter, Miss J. J.....	4468 Lake Avenue, Chicago, Ill.
Talcott, Miss M. B.....	Second Reserve Hospital, Manila, P. I.
Talcott, Miss.....	5405 Frink Street, Chicago, Ill.
Tanguary, Miss C. L.....	Cushing Hospital, Leavenworth, Kan.
Tenny, Miss E. B.....	498 West Adams Street, Chicago, Ill.
Thirsk, Miss L.....	1319 Oakland Avenue, Chicago, Ill.
Tice, Mrs. F.....	1044 Monroe Street, Chicago, Ill.
Tillotson, Miss L.....	St. Germaine, Thirty-fifth Street and Ellis Avenue, Chicago, Ill.
Topping, James.....	138 San Francisco Avenue, Chicago, Ill.
Truman, Miss E. E.....	654 South Hill Street, Los Angeles, Cal.
Turner, Miss L. E.....	People's Hospital, Corner Twenty-second Street and Archer Avenue, Chicago, Ill.
Tyreel, Miss Addie.....	3027 Indiana Avenue, Chicago, Ill.
Utter, Miss.....	277 La Salle Avenue, Chicago, Ill.
Van Vliet, Miss Mary.....	Racine, Wis.
Vaughan, Mrs. H. S.....	52 East Thirty-fifth Street, Chicago, Ill.
Vincent, Miss M.....	291 South Lincoln Street, Chicago, Ill.
Ward, Miss S. E.....	Frogmore, S. C.
Watson, Miss G. G.....	606 Fullerton Avenue, Chicago, Ill.
Watson, Miss K.....	304 Honore Street, Chicago, Ill.
Wehrman, Miss.....	Lakeside, Ill.
Weinhold, Miss V.....	433 South Lincoln Avenue, Aurora, Ill.
Wells, Miss L.....	Winfield Hospital, Winfield, Kan.
Welsh, Miss L. G.....	1315 Glenarm Street, Denver, Col.
Wetter, Mrs. E.....	174 East Chicago Avenue, Chicago, Ill.
Wheeler, Miss M. C.....	Blessing Hospital, Quincy, Ill.
Whitaker, Miss D.....	338 Hermitage Avenue, Chicago, Ill.
Wilkinson, Miss.....	316 Van Ness Avenue, San Francisco, Cal.
Williams, Miss J.....	646 West Monroe Street, Chicago, Ill.
Williams, Miss K.....	580 West Madison Street, Chicago, Ill.
Williamson, Miss E.....	925 Dayton Street, Madison, Wis.
Wolfe, Miss Effie.....	Woman's Hospital, Manila, P. I.
Wood, Miss B.....	304 Honore Street, Chicago, Ill.
Wood, Miss E.....	The Croxden, Cleveland, O.
Wood, Miss Nora.....	Waupun, Wis.
Woods, Miss J. E...	United States General Hospital, Presidio, San Francisco, Cal.
Wynkoop, Miss H. E.....	475 East Forty-second Street, Chicago, Ill.
Young, Miss M.....	468 West Adams Street, Chicago, Ill.
Zerzan, Miss Emma.....	630 California Street, Chicago, Ill.



JOHNS HOPKINS HOSPITAL ALUMNÆ.

HONORARY MEMBER.

Deck, Miss L. L. . . . . Nurses' Settlement, 265 Henry Street, New York City, N. Y.

ELECTED INTO THE ASSOCIATION 1893.

Robb, Mrs. Hunter. . . . . Nottingham, O.

1891.

Anthony, Miss E. S. . . . . 9 Linden Street, Brookline, Mass.  
 Cleaver, Dr. E. O. . . . . 531 Elm Street, Reading, Pa.  
 Emory, Miss K. . . . . 469 Marshall Street, Philadelphia, Pa.  
 Emory, Mrs. . . . . 118 West Franklin Street, Baltimore, Md.  
 Gross, Miss M. (Mrs. Finney) . . . . 1300 Eutaw Place, Baltimore, Md.  
 Hamneral, Miss G. (Mrs. Pietsch) . . . . 162 Potomac Avenue, Chicago, Ill.  
 Hartley, Miss E. . . . . 1528 Park Avenue, Baltimore, Md.  
 Hudson, Miss A. (Mrs. Wilson) . . . . 2072 Linden Avenue, Baltimore, Md.  
 May, Miss I. B. . . . . 219½ East North Avenue, Baltimore, Md.  
 Nevins, Miss G. M. . . . . Garfield Hospital, Washington, D. C.  
 Nutting, Miss M. A. . . . . J. H. H., Baltimore, Md.  
 Pope, Miss E. (Mrs. Lord) . . . . 24 West Franklin Street, Baltimore, Md.  
 Read, Miss S. C. . . . . J. H. H., Baltimore, Md.  
 Rutherford, Miss A. E. . . . . Room 14, 301 North Charles Street, Baltimore, Md.  
 Spencer, Miss T. . . . . 1227 Mt. Royal Avenue, Baltimore, Md.  
 Turner Miss M. (Mrs. Brockway) . . . . 183 West Seventy-third Street,  
 New York City, N. Y.  
 Williams, Miss R. (Mrs. Williams) . . . . . Amityville, N. Y.

1892.

Barnard, Miss H. . . . . 117 South Fifteenth Street, St. Joseph, Mo.  
 Chamberlain, Miss A. (Mrs. Smith) . . . . Tellamanchilli, Madras Presidency, India  
 Hall, Miss E. (Mrs. Speakman) . . . . . River Craft, Del.  
 Hemming, Miss G. (Mrs. Frost) . . . . . Smith's Falls, Ont.  
 Jack, Miss A. (Mrs. Smith) . . . . . 1126 Cathedral Street, Baltimore, Md.  
 James, Miss M. . . . . Clifton Forge, Va.  
 Laing, Miss K. (Mrs. Spackman) . . . . . 1724 North Nevada Avenue, Colorado  
 Springs, Col.  
 MacDonnell, Miss E. J. . . . . Albany Hospital, Albany, N. Y.  
 Patterson, Miss A. . . . . Superintendent of St. Luke's Hospital, St. Paul, Minn.  
 Richardson, Miss M.\*  
 Sharp, Miss L. A. . . . . 261 Jefferson Street, Danville, Va.  
 Sills, Miss L. . . . . The Reedsdale, Commonwealth Avenue, Boston, Mass.  
 Smith, Miss E. (Mrs. Leslie) . . . . . The Custom House, London, Ont.  
 Tarleton, Miss S. (Mrs. Colvin) . . . . . 265 Summit Place, St. Paul, Minn.  
 Toulmin, Miss F. P. . . . . Penn Mutual Life Insurance Company, Philadelphia, Pa.,  
 care of Dr. Toulmin  
 Townsend, Miss M. H. . . . . Box 153, Burlington, Ont.  
 Welch, Miss L. P. . . . . Lothian, Anne Arundel County, Md.  
 Worthington, Miss C. . . . . 513 Cathedral Street, Baltimore, Md.

\* Deceased.



## 1893.

Barwick, Miss E. B.....219½ East North Avenue, Baltimore, Md.  
 Cabaniss, Miss S. H.....Richmond, Va.  
 Carr, Miss A.....1123 Madison Avenue, Baltimore, Md.  
 Carroll, Miss S. C.....219½ East North Avenue, Baltimore, Md.  
 Collins, Miss M.....219½ East North Avenue, Baltimore, Md.  
 Ewell, Miss C.....219½ East North Avenue, Baltimore, Md.  
 Forman, Miss H. T.....Home for the Friendless, 1315 Druid Hill Avenue,  
 Baltimore, Md.

Hamilton, Miss D.\*

King, Miss J.....Chester County Hospital, West Chester, Pa.  
 Lease, Miss M. A.....McKaig, Frederick County, Md.  
 Maynard, Miss R.....219½ East North Avenue, Baltimore, Md.  
 McDonald, Miss S.....7 Rue Scribe, Paris, France, care of Monroe & Co.  
 Murraray, Miss M.....219½ East North Avenue, Baltimore, Md.  
 Neill, Miss H. M.....219½ East North Avenue, Baltimore, Md.  
 Richardson, Miss E. (Mrs. Rouse).....Delta, Pa.  
 Sanger, Mrs.....3106 N Street Northwest, Washington, D. C.  
 Wade, Miss W. (Mrs. Vanness).....420 Monroe Street, Spokane, Wash.

## 1894.

Baechetel, Miss E.....219½ East North Avenue, Baltimore, Md.  
 Bartlett, Miss H. C.....604 Reservoir Street, Baltimore, Md.  
 Baxter, Miss G.....Ospedale Clinico, Naples, Italy  
 Bishop, Miss M. L.....65 Charlotte Street, Brantford, Ont.  
 Carr, Miss C. H. (Mrs. Iglehart).....16 West Preston Street, Baltimore, Md.  
 Conover, Miss A. B. P.....44 East Twenty-ninth Street, New York City, N. Y.  
 De Long, Miss K. C.....J. H. H., Baltimore, Md.  
 Feeley, Miss J. E.....Union Protestant Infirmary, Baltimore, Md.  
 Forde, Miss M.....1732 St. Paul Street, Baltimore, Md.  
 Hendrickson, Miss C. E.....219½ East North Avenue, Baltimore, Md.  
 Heriot, Miss M. W.....293 Ashley Avenue, Charleston, S. C.  
 Hubbard, Miss E.....Orange Court-House, Va.  
 Irvine, Miss A. Y.....205 West Eightieth Street, New York City, N. Y.  
 Leech, Miss E. B.....29 Luckie Street, Atlanta, Ga.  
 Mason, Mrs. (Mrs. Lanier).....27 West Chase Street, Baltimore, Md.  
 Moore, Miss A. (Mrs. Taylor).....Philadelphia, Pa.  
 Nelson, Miss M. C.....142 West Eighty-second Street, New York City, N. Y.  
 Pattison, Miss F.....46 Barcombe Avenue, Streatham Hill, London, S. W.  
 Preston, Miss A. M.....16 West Preston Street, Baltimore, Md.  
 Ross, Miss G. C.....J. H. H., Baltimore, Md.

## 1895.

Bean, Miss M. C.....Gala, Botetourt County, Va.  
 Cook, Miss H. C.....152 East Fifty-sixth Street, New York City, N. Y.  
 Daniels, Miss M.....26 Pleasant Street, Salem, Mass.  
 Davies, Miss F. A.....Wellswood Park, Torquay, Devonshire, Eng.  
 Elliott, Miss M. W. (Mrs. Fentress).....114 North Fourth Street, Wilmington, N. C.  
 Ferris, Mrs.....Lexington Avenue, New York City, N. Y.  
 Gilpin, Miss L. S.....100 West Twenty-fourth Street, Baltimore, Md.  
 Hall, Miss B. W. (Mrs. Shillington).....Strandtown, Belfast, Ireland

\* Deceased.



Holmes, Miss S. H. (Mrs. Mellen)	.....	Castle Street, Geneva, N. Y.
Lent, Miss M. E.	.....219½	East North Avenue, Baltimore, Md.
Macara, Miss J. (Mrs. Glasgow)	.....	Roanoke, Va.
MacLennan, Miss A.	.....	Levis, Province Quebec
McCosh, Miss E. M.	.....104	West Forty-first Street, New York City, N. Y.
McIntosh, Miss I.	.....126	South Third Street, Wilmington, N. C.
Perlee, Miss H. (Mrs. Stryker)	.....	Health Green, Brandywine, Md.
Rawlins, Miss G.	.....219½	East North Avenue, Baltimore, Md.
Read, Miss N. (Mrs. Hopkins)	.....	Hot Springs, Va.
Sampson, Miss J.	.....	Gordonsville, Pa.
Shearn, Miss M. E.	.....2121	Guilford Avenue, Baltimore, Md.
Sims, Miss L. P.	.....	West Philadelphia Hospital for Women and Children, 4035 Parrish Street, Philadelphia, Pa.
Sykes, Miss G. H.	.....219½	East North Avenue, Baltimore, Md.
Wood, Miss E. M.*		
Wynkoop, Miss C.	.....1728	K Street Northwest, Washington, D. C.

## 1896.

Allemong, Miss B. (Mrs. Hagner)	..1754	M Street Northwest, Washington, D. C.
Beckwith, Miss E. J.	.....	Geneva Hospital, Geneva, N. Y.
Buehler, Miss M. E.	.....905	North Calvert Street, Baltimore, Md.
Carroll, Miss I.	.....219½	East North Avenue, Baltimore, Md.
Charleton, Miss E. (Mrs. Harman)	.....	Savannah, Ga.
Chesley, Miss A.	.....	St. Luke's Hospital, Ottawa, Ont.
Copeland, Miss D. C.	.....	North Adams Hospital, North Adams, Mass.
Cowling, Miss C. P. (Mrs. Ramsey)	..	New Haven, Conn., care of Yale University
Dancy, Miss C. E.	.....	J. H. H., Baltimore Md.
Dumbell, Miss K. E. M.	.....	Sherbrooke, Quebec
Dunderdale, Miss A. (Mrs. Stokes)	...1639	North Calvert Street, Baltimore, Md.
Failing, Miss E.	.....	Rockville, Steuben County, N. Y.
Farquharson, Miss A.	.....213	West Eighty-first Street, New York City, N. Y.
Ferris, Miss K.	.....219½	East North Avenue, Baltimore, Md.
French, Miss A.	.....219½	East North Avenue, Baltimore, Md.
Hartwell, Miss F.	.....82	East Seventy-seventh Street, New York City, N. Y.
Hutchinson, Miss H. S. (Mrs. Caples)	....78	South Third Street, Columbus, O.
Keys, Miss J. J.	.....	87 Avenue Road, Toronto, Ont.
Landsky, Miss M. (Mrs. Day)	.....	Hampshire Arms, Minneapolis, Minn.
Lee, Miss M. V.	.....219½	East North Avenue, Baltimore, Md.
McDonald, Miss F.	.....133	West Twenty-first Street, New York City, N. Y.
McInnes, Miss M.	.....219½	East North Avenue, Baltimore, Md.
McInnes, Miss M. S.	.....	20 St. James Court, Louisville, Ky.
McMaster, Miss V. L.	.....219½	East North Avenue, Baltimore, Md.
Millard, Miss A. (Mrs. Rogers)	.....	3718 Dewey Avenue, Omaha, Neb.
Miller, Miss E.	.....219½	East North Avenue, Baltimore, Md.
Nichols, Miss M.	.....	222 West Madison Street, Baltimore, Md.
Noyes, Miss C. D.	.....	St. Luke's Hospital, New Bedford, Mass.
Pinkerton, Miss E. D.	.....	West Chester, Pa.
Reyburne, Miss N.	.....	St. Luke's Hospital, St. Paul, Minn.
Secord, Miss B.	.....	North Adams Hospital, North Adams, Mass.
Stanley, Miss M.	.....	North Adams Hospital, North Adams, Mass.
Waddill, Miss E.	.....219½	East North Avenue, Baltimore, Md.

\* Deceased.



## 1897.

Babcock, Miss C.....	"The Vincennes," Vincennes and Thirty-sixth Avenues, Chicago, Ill.
Brown, Miss K.....	219½ East North Avenue, Baltimore, Md.
Constable, Miss R. H.....	2125 North Charles Street, Baltimore, Md.
Cooper, Miss E. R.....	222 North Tejon Street, Colorado Springs, Col.
Dickinson, Miss M.....	219½ East North Avenue, Baltimore, Md.
Gorter, Miss M. A.....	Cambridge Hospital, Cambridge, Md.
Grant, Miss A. B.....	Ingersole, Ontario, Can.
Griest, Miss E.....	219½ East North Avenue, Baltimore, Md.
Gross, Miss H.....	1300 Eutaw Place, Baltimore, Md.
Hemming, Miss E. M.....	303 West Fifty-first Street, New York City, N. Y.
Jammé, Miss A.....	New England Hospital, Boston, Mass.
Kinsbury, Miss B. L.....	219½ East North Avenue, Baltimore, Md.
Laxton, Miss M.....	Morgantown, N. C.
Moore, Miss M.....	Baltimore, Md.
O'Bryan, Miss M. G.....	219½ East North Avenue, Baltimore, Md.
Perkins, Miss C.....	1000 North Charles Street, Baltimore, Md.
Peterson, Miss J.....	219½ East North Avenue, Baltimore, Md.
Rendell, Miss M. (Mrs. Shea).....	Musgrave Terrace, St. Johns, Newfoundland
Rutherford, Miss E.....	219½ East North Avenue, Baltimore, Md.
Shrive, Miss S.....	J. H. H., Baltimore, Md.
Silver, Miss M.....	219½ East North Avenue, Baltimore, Md.
Silvester, Miss J.....	College Park, Md.
Simpson, Mrs.....	J. H. H., Baltimore, Md.
Thompson, Miss C.....	St. Luke's Hospital, St. Paul, Minn.
Waters, Miss Y. G.....	265 Henry Street, New York City, N. Y.
Westcott, Miss B.....	219½ East North Avenue, Baltimore, Md.
Winn, Miss A.....	219½ East North Avenue, Baltimore, Md.

## 1898.

Anderton, Miss A. M.....	205 West Eightieth Street, New York City, N. Y.
Aubrey, Miss K.....	San Antonio, Tex.
Hein, Miss E.....	219½ East North Avenue, Baltimore, Md.
Johnstone, Miss J.....	219½ East North Avenue, Baltimore, Md.
Pratt, Miss F.....	Pratt Laboratory, Atlanta, Ga., care of N. P. Pratt

## 1899.

Ames, Miss F. M. B.....	5 Phillips Place, Cambridge, Mass.
Bent, Miss E.....	219½ East North Avenue, Baltimore, Md.
Coffin, Miss J.....	275 Walnut Street, Roxbury, Mass.
Colburne, Miss F.....	Churchville, Md.
Corwin, Miss E.....	219½ East North Avenue, Baltimore, Md.
Derickson, Miss G. T.....	The St. Helens, Tacoma, Wash.
Dick, Miss C.....	J. H. H., Baltimore, Md.
Fitch, Miss K.....	219½ East North Avenue, Baltimore, Md.
Frankel, Miss A.....	914 Second Avenue, Louisville, Ky.
Guyton, Miss G. L. (Mrs. Kempter).....	St. Thomas, Pa.
Henderson, Miss A.....	219½ East North Avenue, Baltimore, Md.
Holman, Miss N.....	219½ East North Avenue, Baltimore, Md.
Hughes, Miss E.....	Lynchburg, Va.



Hunt, Miss F. A.....	J. H. H., Baltimore, Md.
Lawler, Miss E.....	J. H. H., Baltimore, Md.
McCallum, Miss J..	Post-Graduate Hospital, Second Avenue, New York City, N. Y.
McKinnon, Miss M. (Mrs. Ellis).....	Wyncote, Pa.
Merwin, Miss A. P.....	219½ East North Avenue, Baltimore, Md.
O'Grady, Miss M.....	Charleston, W. Va.
Poe, Miss T. J.....	219½ East North Avenue, Baltimore, Md.
Rice, Miss V.....	219½ East North Avenue, Baltimore, Md.
Steffins, Miss L.....	8361 Turk Street, San Francisco, Cal.
Sullivan, Mrs. M. V.....	J. H. H., Baltimore, Md.
Vanden Burg, Miss H.....	1532 Park Avenue, Baltimore, Md.
Wadsworth, Miss H.....	1146 Stephens Street, Menomonee, Mich.
Washington, Miss H. L.....	1123 Madison Avenue, Baltimore, Md.
Watts, Miss M.....	1403 South Sixth Street, Philadelphia, Pa.

## 1900.

Bradley, Miss L.....	219½ East North Avenue, Baltimore, Md.
Carhart, Miss K.....	219½ East North Avenue, Baltimore, Md.
Fleming, Miss F. N.....	219½ East North Avenue, Baltimore, Md.
Flood, Miss F. E.....	219½ East North Avenue, Baltimore, Md.
Hanway, Miss A. B. (Mrs. Culbberton) ....	3210 Summer Street, Philadelphia, Pa.
Harrell, Miss F.....	J. H. H., Baltimore, Md.
Hartridge, Mrs. A. C.....	J. H. H., Baltimore, Md.
Ink, Miss K.....	69 Marion Avenue, Mansfield, O.
Jubb, Miss L. G.....	219½ East North Avenue, Baltimore, Md.
Kingstone, Miss F.....	J. H. H., Baltimore, Md.
Madeira, Miss E.....	London, England, care of Messrs. Brown, Shipley & Co.
McCallum, Miss L.....	J. H. H., Baltimore, Md.
Miller, Miss A. P.....	Lanvale Street, Baltimore, Md.
Miller, Miss G. A.....	219½ East North Avenue, Baltimore, Md.
Muldrew, Miss E.....	12 Meredith Avenue, Toronto, Can.
Sechler, Miss M.....	219½ East North Avenue, Baltimore, Md.
Simpson, Miss G. L.....	219½ East North Avenue, Baltimore, Md.
Smith, Miss L. L.....	66 Grenville Street, Toronto, Can.
Smith, Miss N.....	219½ East North Avenue, Baltimore, Md.
Stevens, Miss I.....	30 East Twentieth Street, Baltimore, Md.
Tyler, Miss M. D.....	905 Cathedral Street, Baltimore, Md.
Weir, Miss M.....	905 North Calvert Street, Baltimore, Md.
Wilcox, Miss.....	41 Medway Street, Providence, R. I.
Wilson, Miss E.....	219½ East North Avenue, Baltimore, Md.

## 1901.

Brown, Miss M.....	J. H. H., Baltimore, Md.
Eutcher, Miss E.....	Chandlerville, Ill.
Carter, Miss J.....	Thoroughfare, Va.
Clarke, Miss A.....	J. H. H., Baltimore, Md.
Crawford, Miss H.....	J. H. H., Baltimore, Md.
Freer, Miss M.....	219½ East North Avenue, Baltimore, Md.
Freese, Miss F.....	J. H. H., Baltimore, Md.
French, Miss A.....	4 West Twentieth Street, Baltimore, Md.
Kernan, Miss A.....	J. H. H., Baltimore, Md.



McMaster, Miss M.....	Winnsborough, S. C.
Mulford, Miss.....	Pasadena, Cal.
Packard, Miss R.....	Augell Street, Providence, R. I.
Power, Miss E.....	J. H. H., Baltimore, Md.
Shears, Miss E.....	J. H. H., Baltimore, Md.
Sherman, Miss R.....	219½ East North Avenue, Baltimore, Md.
Stewart, Miss R.....	J. H. H., Baltimore, Md.
Van Blarcom, Miss C.....	J. H. H., Baltimore, Md.
Wood, Miss E.....	London, England, care of Messrs. Brown, Shipley & Co.

#### LAKESIDE HOSPITAL ALUMNÆ.

Abbott, Miss May P.....	3128 Michigan Avenue, Chicago, Ill.
Archer, Miss Nellie E.....	5496 Lexington Avenue, Chicago, Ill.
Brady, Miss Lunette S.....	Phoenix, Ari.
Cochran, Miss Margaret R.....	71 Douglas Place, Chicago, Ill.
Crofton, Miss Agatha.....	2 Oakland Crescent, Chicago, Ill.
De Lury, Miss Minnie.....	6026 Ingleside Avenue, Chicago, Ill.
Glanville, Miss May E.....	5137 Kimbark Avenue, Chicago, Ill.
Grover, Miss Eleanor L.....	71 Douglas Place, Chicago, Ill.
Hartelmann, Miss Susan M.....	71 Douglas Place, Chicago, Ill.
Henderson, Miss Jessie Muir.....	Assistant Superintendent Lakeside Hospital, Chicago, Ill.
McNown, Miss Eleanor E.....	5496 Lexington Avenue, Chicago, Ill.
Molcrin, Miss Helene F.....	Superintendent Eye and Ear Hospital, 206 Washington Street, Chicago, Ill.
Phillips, Miss Edna F.....	5496 Lexington Avenue, Chicago, Ill.
Schweitzer, Miss Emma C.....	2 Oakland Crescent, Chicago, Ill.
Shelby, Miss Rebecca J.....	3118 Michigan Avenue, Chicago, Ill.
Smith, Miss A. Hubner.....	2 Oakland Crescent, Chicago, Ill.
Tyson, Miss Isabel I.....	2 Oakland Crescent, Chicago, Ill.
White, Miss Laura Fell.....	Superintendent Lakeside Hospital, Chicago, Ill.

#### LONG ISLAND COLLEGE HOSPITAL ALUMNÆ.

Abernethy, Miss C. J.....	456 Quincy Street, Brooklyn, N. Y.
Almy (Cutts), Mrs. Howard.....	Box 61, Providence, R. I.
Aldagh, Miss Kate.....	157 Henry Street, Brooklyn, N. Y.
Arnett, Miss H.....	151 Warren Street, Brooklyn, N. Y.
Arnold, Miss Charlotte.....	163 Congress Street, Brooklyn, N. Y.
Barkhausen, Miss S. M.....	326 Schermerhorn Street, Brooklyn, N. Y.
Barrie, Miss Jessie.....	151 Warren Street, Brooklyn, N. Y.
Barron, Miss R.....	
Beatty, Miss.....	124 State Street, Brooklyn, N. Y.
Benjimen, Mrs.....	163 Congress Street, Brooklyn, N. Y.
Berrigan, Miss Martha.....	Long Island College Hospital, Brooklyn, N. Y.
Bourne, Miss Minnie.....	197 Clinton Street, Brooklyn, N. Y.
Bowman, Miss Bessie.....	33 Fulton Street, Hornellsville, N. Y.
Brown, Miss Edith.....	157 Henry Street, Brooklyn, N. Y.
Brown, Miss Emily J.....	197 Clinton Street, Brooklyn, N. Y.
Brown, Miss Emma G.....	654 East Twenty-third Street, Flatbush, L. I.
Buchanan, Miss Mary.....	107 Lincoln Place, Brooklyn, N. Y.



Burdick, Miss H. E.....	Long Island College Hospital, Brooklyn, N. Y.
Butler, Miss Anna.....	
Cameron, Miss.....	197 Clinton Street, Brooklyn, N. Y.
Campbell, Miss.....	157 Henry Street, Brooklyn, N. Y.
Chapelle, Miss E. E.....	197 Clinton Street, Brooklyn, N. Y.
Cleland, Miss.....	197 Clinton Street, Brooklyn, N. Y.
Costelle, Miss.....	163 Congress Street, Brooklyn, N. Y.
Craig, Miss I. J.....	97 Dove Street, Detroit, Mich.
Dalglish, Miss L.....	New York Hospital, New York City, N. Y.
Davids, Miss A.....	50 Lefferts Avenue, Richmond Hill, L. I.
Dayon, Mrs. M. M.....	151 Warren Street, Brooklyn, N. Y.
Dickerson, Mrs. J. E.....	197 Clinton Street, Brooklyn, N. Y.
Dickson, Miss E.....	Denver, Col.
Dobson, Miss A.....	Long Island College Hospital, Brooklyn, N. Y.
Dodds, Miss H. E.....	156 Halsey Street, Brooklyn, N. Y.
Deggett, Miss F. M.....	456 Quincy Street, Brooklyn, N. Y.
Duling, Miss.....	126 State Street, Brooklyn, N. Y.
Ellingsen, Miss.....	7 Hanson Place, Brooklyn, N. Y.
Enright, Miss M. E.....	10 West Twenty-fifth Street, New York City, N. Y.
Field, Miss Hope.....	157 Henry Street, Brooklyn, N. Y.
Fitzsimmons, Miss Mary.....	71 Remsen Street, Brooklyn, N. Y.
Fraser, Miss M. C.....	157 Henry Street, Brooklyn, N. Y.
Fraser, Mrs. M. P.....	8 Willow Street, Brooklyn, N. Y.
Gardiner, Miss H.....	315 Sixth Street, Los Angeles, Cal.
Garrow, Miss M.....	157 Henry Street, Brooklyn, N. Y., care of Miss C. Brown
Gasz, Miss A.....	White Plains, N. Y., care of Mr. W. Doefel
Gibbie, Miss L.....	300 State Street, Brooklyn, N. Y.
Gleason, Miss Julia.....	7 Hanson Place, Brooklyn, N. Y.
Goodrich, Miss F. A.....	126 State Street, Brooklyn, N. Y.
Greer, Mrs. M.....	Hebrew Orphan Asylum, Brooklyn, N. Y.
Haines, Miss H. E.....	64 Montague Street, Brooklyn, N. Y.
Hall, Miss C.....	163 Congress Street, Brooklyn, N. Y.
Hall, Miss E.....	124 State Street, Brooklyn, N. Y.
Haughie, Miss.....	163 Congress Street, Brooklyn, N. Y.
Higbie, Miss Louise.....	Babylon, L. I.
Hill, Miss M. A.....	126 State Street, Brooklyn, N. Y.
Hoag, Miss M. A.....	
Jackson, Miss S. J.....	340 Clinton Street, Brooklyn, N. Y.
Jenson, Miss A.....	7 Hanson Place, Brooklyn, N. Y.
Johns, Miss.....	
Johnson, Miss S. M.....	128 Fort Greene Place, Brooklyn, N. Y.
Kappell, Miss.....	456 Quincy Street, Brooklyn, N. Y.
Kelly, Miss R.....	151 Warren Street, Brooklyn, N. Y.
Kibbie, Miss J. I.....	8 West One-hundred-and-Twenty-fifth Street, New York City, N. Y.
Kingsberry, Miss E.....	157 Henry Street, Brooklyn, N. Y.
La Flamme, Miss A.....	157 Henry Street, Brooklyn, N. Y.
Lambert, Miss Alice.....	340 Clinton Street, Brooklyn, N. Y.
Lambert, Miss Carrie.....	217 Sterling Place, Brooklyn, N. Y.
Learmonth, Miss M.....	
Lenhart, Miss M.....	



Lindquist, Mrs. J. B.....	456 Quincy Street, Brooklyn, N. Y.
Lindsay, Miss S. C.....	124 State Street, Brooklyn, N. Y.
Lippincott, Miss.....	Twenty-first Street, New York City, N. Y.
Lund, Miss Olga.....	157 Henry Street, Brooklyn, N. Y.
MacCarthy, Miss M. E.....	221 St. James Place, Brooklyn, N. Y.
MacDougall, Miss J. E.....	157 Henry Street, Brooklyn, N. Y.
MacLean, Miss C. M.....	Hopewell, N. S.
MacLean, Miss L. E.....	124 State Street, Brooklyn, N. Y.
Manne, Miss M. J.....	197 Clinton Street, Brooklyn, N. Y.
Marshall, Miss A.....	151 Warren Street, Brooklyn, N. Y.
Martin, Miss E.....	Long Island College Hospital, Brooklyn, N. Y.
Maynard, Miss G.....	1107 Lexington Avenue, New York City, N. Y.
Maynard, Miss L. M.....	425 Putnam Avenue, Brooklyn, N. Y.
McCann, Miss M. E.....	Nassau Street, Brooklyn, N. Y.
McCarthy, Miss E.....	124 State Street, Brooklyn, N. Y.
McKay, Miss E.....	123 Prospect Place, Brooklyn, N. Y.
McWhinney, Miss M.....	309 Gates Avenue, Brooklyn, N. Y.
Mitchell, Miss A.....	155 West Twenty-first Street, New York City, N. Y.
Monck, Miss V. A.....	Long Island College Hospital, Brooklyn, N. Y.
Moore, Miss N.....	126 State Street, Brooklyn, N. Y.
Moore, Miss Z.....	126 State Street, Brooklyn, N. Y.
Myhr, Miss C.....	7 Hanson Place, Brooklyn, N. Y.
Neal, Miss A.....	Long Island College Hospital, Brooklyn, N. Y.
Neilson, Mrs.....	218 Sixth Avenue, Brooklyn, N. Y.
Nelson, Miss S. M.....	127 West Twenty-first Street, New York City, N. Y.
Nicholl, Miss E.....	197 Clinton Street, Brooklyn, N. Y.
North, Miss A.....	151 Warren Street, Brooklyn, N. Y.
O'Daly, Miss J. E....	St. Christopher's Nursery, 283 Hicks Street, Brooklyn, N. Y.
Orr, Miss B.....	126 State Street, Brooklyn, N. Y.
Pederson, Miss Hilda.....	207 A Fifty-fourth Street, Brooklyn, N. Y.
Pederson, Miss Olga.....	E. D. Hospital, South Third Street, Brooklyn, N. Y.
Pigott, Miss C.....	197 Clinton Street, Brooklyn, N. Y.
Riggs, Miss.....	163 Congress Street, Brooklyn, N. Y.
Roeburg, Miss.....	7 Hanson Place, Brooklyn, N. Y.
Ryer, Miss E. E....	One-hundred-and-Forty-third Street and Amsterdam Avenue, New York City, N. Y.
Sage, Miss.....	Long Island College Hospital, Brooklyn, N. Y.
Sargent, Miss L. M.....	340 Clinton Street, Brooklyn, N. Y.
Schmitz, Miss A.....	157 Henry Street, Brooklyn, N. Y., care of Mrs. Marble
Scovil, Miss Fannie.....	143 Joralemon Street, Brooklyn, N. Y.
Shaw, Miss M. A.....	20 Tompkins Place, Brooklyn, N. Y.
Shea, Miss E.....	10 West One-hundred-and-Twenty-fifth Street, New York City, N. Y.
Sheehan, Mrs.....	
Slingerland, Miss L. E.....	Slingerlands, Albany, N. Y.
Starkey, Miss.....	Twenty-first Street, New York City, N. Y.
Stennet, Miss A.....	160 Joralemon Street, Brooklyn, N. Y.
Sutcliffe, Miss Anna.....	
Sutcliffe, Miss I. L.....	Long Island College Hospital, Brooklyn, N. Y.
Swainson, Mrs. M. E....	Home for Incurables, Twenty-first Street, Baltimore, Md.
Tefft, Miss E. K.....	614 Carlton Avenue, Brooklyn, N. Y.



Terrill, Miss S. E.....	469 Quincy Street, Brooklyn, N. Y.
Toupet, Miss V. E.....	Bernard Street, Rahway, N. J.
Travis, Miss.....	
Tweedale, Miss Jean.....	197 Clinton Street, Brooklyn, N. Y.
Tweedale, Miss Mary.....	197 Clinton Street, Brooklyn, N. Y.
Twing, Mrs. C. L.....	185 Marcy Avenue, Brooklyn, N. Y.
Upham, Miss.....	New York Hospital, New York City, N. Y.
Von Res, Miss.....	124 State Street, Brooklyn, N. Y.
Weagent, Miss F. E.....	163 Congress Street, Brooklyn, N. Y.
Weagent, Miss J. M.....	163 Congress Street, Brooklyn, N. Y.
Wenstrom, Miss Nellie F.....	197 Clinton Street, Brooklyn, N. Y.
Wessel, Miss.....	
Westloff, Miss.....	197 Clinton Street, Brooklyn, N. Y.
Wiley, Miss Jessie E.....	340 Clinton Street, Brooklyn, N. Y.
Wolfensberger, Miss A.....	197 Clinton Street, Brooklyn, N. Y.
Yawger, Miss M. F.....	151 Warren Street, Brooklyn, N. Y.
Zeigler, Miss.....	456 Quincy Street, Brooklyn, N. Y.

MAINE GENERAL HOSPITAL ALUMNÆ.

Barker, Miss Cora.....	105 Centre Street, Bangor, Me.
Bartlett, Mrs. Lillian.....	Saco, Me.
Batson, Miss Maude E.....	275 French Street, Bangor, Me.
Bishop, Miss Florence.....	Medico-Chirurgical Hospital, Philadelphia, Pa.
Brown, Miss Lillian.....	129 Park Street, Portland, Me.
Chase, Mrs. Charles H.....	151 Pearl Street, Portland, Me.
Cobb, Miss Alice.....	Saugus, Mass.
Eaton, Miss Frances.....	5 Merrill Street, Portland, Me.
Fairbrother, Miss Adelaide.....	18 Westcott Street, Portland, Me.
Gibbs, Miss Linna.....	Augusta, Me.
Gilmore, Miss Celia.....	Bradford Academy, Bradford, Mass.
Goodall, Miss Grace.....	129 Park Street, Portland, Me.
Graham, Miss Mary J.....	19 Ellsworth Street, Portland, Me.
Gunn, Miss Sarah.....	99 Beckett Street, Portland, Me.
Haskell, Miss Grace.....	Medico-Chirurgical Hospital, Philadelphia, Pa.
Hatch, Miss Lucinda B.....	2127 Master Street, Philadelphia, Pa.
Littlefield, Miss Alvaretta.....	Davis House, Portland, Me.
Lyons, Miss Sara.....	Old Orchard, Me.
Matthews, Miss Lucretia.....	1 Grove Street, Belfast, Me.
McLaughlin, Miss Josephine.....	156 Danforth Street, Portland, Me.
Noyes, Miss Annie.....	20 Irving Street, Woodfords, Me.
Osgood, Miss Ethelyn.....	36 State Street, Portland, Me.
Page, Miss Agnes.....	4 Stover Street, Portland, Me.
Parker, Miss Abbie A.....	80 High Street, Portland, Me.
Parmenter, Miss Clara.....	59 Bramhall Street, Portland, Me.
Smith, Miss Amelia L.....	Maine General Hospital, Portland, Me.

MASSACHUSETTS HOMŒOPATHIC HOSPITAL ALUMNÆ.

Armstrong, Miss Ellen S.....	20 South Common Street, Lynn, Mass.
Barnum, Miss Ellena L. ....	11 Harvard Avenue, Allston, Mass.
Bonney (Wright), Mrs. Frank L.....	P. O. 186, Walpole, Mass.
Breed, Miss Jennie A.....	Littleton, Mass.



Brock, Miss Mary E.....	Ware, Mass., care of Mr. James E. Clark
Brooks, Miss Mary.....	64 Lancaster Street, Leominster, Mass.
Brown, Miss Nellie.....	61 Lowell Street, Peabody, Mass.
Campbell, Miss J. C.....	42 West Newton Street, Boston, Mass.
Castle (Cavannah), Mrs. H. C.....	45 Union Park, Boston, Mass.
Cheney, Miss A. Belle.....	156 Blodgett Street, Manchester, N. H.
Churchill, Miss Mary S.....	44 East Newton Street, Boston, Mass.
Clement (Sleep), Mrs. W. A.....	51 Forest Street, Roxbury, Mass.
Creesy, Miss Edith G.....	30 Grove Street, Salem, Mass.
Curtis, Miss Lydia.....	44 East Newton Street, Boston, Mass.
Daly, Miss Mary C. C.....	23 Worcester Square, Boston, Mass.
Dickie, Miss Lexie.....	Seaside, Restigouche County, N. B.
Diemar, Dr. Lena H.....	1686 Massachusetts Avenue, Cambridge, Mass.
Dunham, Miss Florence.....	109 Oakleigh Road, Newton, Mass.
Edgerton, Miss D. K.....	Massachusetts Homœopathic Hospital, East Concord Street, Boston, Mass.
Elkins, Miss L. M.....	North Danville, N. H.
Fisher, Miss Anna.....	44 Russel Street, North Cambridge, Mass.
Forbes, Miss Harriet.....	8 Cypress Street, Newton Centre, Mass.
Foss (Young), Mrs.....	10 Holyoke Street, Brewer, Me.
Fowler, Miss Mary H.....	Massachusetts Homœopathic Hospital, East Concord Street, Boston, Mass.
Fullerton, Miss Abbie.....	P. O. 8, Reading, Mass.
Fulton, Miss Alice M.....	89 Rutland Square, Boston, Mass.
Gay, Miss Florence C.....	168 St. Botolph Street, Boston, Mass.
Griott, Miss Margaret.....	Newton Centre, Monadnock Road, Mass.
Griswold, Miss Alice.....	Boston, Mass.
Groves, Miss Frances A.....	96 West Newton Street, Boston, Mass.
Hanlon, Miss Joanna.....	23 Worcester Square, Boston, Mass.
Haskins, Miss F. L.....	Tustin, Cal.
Higgins, Miss Clara T.....	Harrington Street, Revere, Mass.
Hoxie, Miss Lucy.....	Massachusetts Homœopathic Hospital, Boston, Mass.
Jerauld, Miss Myra E.....	East Harwich, Mass.
Jones, Miss Effie.....	605 Tremont Street, Boston, Mass.
Lieber, Miss Elizabeth.....	14 Worcester Square, Boston, Mass.
Loun, Miss Anna.....	Rockfall, Conn.
Lunt, Miss Lydia L.....	62 Rutland Street, Boston, Mass.
Marshall, Miss Barbara D.....	23 Cottage Street, Roxbury, Mass.
Marshall, Miss Carlotta.....	Milbridge, Me.
Marston, Miss Caroline....	Massachusetts Homœopathic Hospital, Boston, Mass.
Martin, Mrs.....	27 Rutland Square, Boston, Mass.
Mathews, Miss Crissie.....	43 Eastern Avenue, Lynn, Mass.
McClannin, Mrs. Helen M.....	Box 261, Oxford, Mass.
McKay, Miss Jennie B....	Mrs. J. French, 200 Commonwealth Avenue, Boston, Mass.
McLennan, Miss Elizabeth.....	81 Worcester Street, Boston, Mass.
McLeod, Miss Elizabeth.....	1750 Washington Street, Boston, Mass.
(Mowry-) Gill, Mrs. Lester Willis.....	141 King Street, Kingston, Ont.
Newcomb, Mrs. L. H.....	Key Street, Eastport, Me.
Perrin, Miss Helen.....	Berlin, Vt.
Perry, Mrs. Grace W.....	334 Massachusetts Avenue, Boston, Mass.
Read, Miss Sara.....	6 Gleason Street, Dorchester, Mass.



Rice, Miss M. E.....	33	Wellington Street, Boston, Mass.
Ruefli, Miss Elise.....	334	Massachusetts Avenue, Boston, Mass.
Ryder, Miss Carrie.....	81	Worcester Street, Boston, Mass.
Sampson, Mrs. Frances Cole.....	9	Worcester Square, Boston, Mass.
Sawyer, Miss Ruth.....	10	Brittain Street, Worcester, Mass.
Scot, Miss Kate G.....		Medfield, Mass., care of Mrs. J. W. Curtis
Stanton, Miss Edith.....	42	West Newton Street, Boston, Mass.
Swift, Miss Cecilia J.....	15	James Street, Auburn, N. Y.
Talbot, Miss Mary P.....	9	Worcester Square, Boston, Mass.
Theobald, Miss Alice M.....	130	Pembroke Street, Boston, Mass.
Tisdale, Miss Elizabeth J.....	9	Haviland Street, Boston, Mass.
Tracy, Miss Susan E.....	22	Sacramento Street, Cambridge, Mass.
Tucker, Miss Alice.....	631	Sixth Street, South Boston, Mass.
Van Wart, Miss Belle D.....	1750	Washington Street, Boston, Mass.
Vibber, Miss Annie W.....	9	Haviland Street, Boston, Mass.
Voshell, Miss Lucy J.....	2	Hooper Avenue, Roxbury, Mass.
Vye, Miss Amy J.....	81	Worcester Street, Boston, Mass.
Waitt, Mrs. M. P.....		Frankline Park, Mass.
Watson, Miss Elizabeth.....	841	Devisadero Street, San Francisco, Cal.
Wells, Miss Nina E.....	11	Thane Street, Dorchester, Mass.
West, Mrs. Helen Kidder.....	22	Rogers Avenue, Somerville, Mass.
Whitman, Mrs. Mae.....	15	Federal Street, Salem, Mass.
Whiton, Miss Anna L.....	130	Bellingham Street, Chelsea, Mass.
Winn, Miss Pearl.....		Berwick, Me.
Woods, Miss Lena E.....	14	Briggs Street, Salem, Mass.

METHODIST EPISCOPAL HOSPITAL ALUMNÆ.

Calkins, Miss Ava D., 1897.....	429	Hancock Street, Brooklyn, N. Y.
Chase, Miss Gertrude, 1890.....	112	Main Street, Bradford, Mass.
Christensen, Miss Anne C. H., 1895.....	348	St. Nicholas Avenue, New York City, N. Y.
Copeland, Miss Edna, 1896.....	296	Vanderbilt Avenue, Brooklyn, N. Y.
Creelman, Miss Bessie M., 1898.....	209	East Sixty-ninth Street, New York City, N. Y.
Cure, Miss Grace, 1890.....	123	Prospect Place, Brooklyn, N. Y.
Denning, Miss Elizabeth, 1890.....	123	Prospect Place, Brooklyn, N. Y.
Dewitt, Miss Harriet, 1892.....	123	Prospect Place, Brooklyn, N. Y.
Dickerson, Miss Eleanor, 1898.....	112	Jefferson Avenue, Brooklyn, N. Y.
Dorn, Miss Edith, 1891.....	123	Prospect Place, Brooklyn, N. Y.
Ellis, Miss Mary E., 1898.....	112	Jefferson Avenue, Brooklyn, N. Y.
Frost, Miss Eugenia, 1893.....		Methodist Episcopal Hospital, Brooklyn, N. Y.
Gaskin, Miss Margaret Burton, 1901.....	429	Hancock Street, Brooklyn, N. Y.
Graham, Miss Effie, 1893.....	31	Madison Avenue, New York City, N. Y.
Graham, Miss Mary E., 1899.....	139	Seventh Avenue, Brooklyn, N. Y.
Hall, Miss Eva, 1895.....		Methodist Episcopal Hospital, Brooklyn, N. Y.
Harding, Miss Mabel, 1896.....	280	St. James Place, Brooklyn, N. Y.
Heck, Miss Nellie G., 1894.....	280	St. James Place, Brooklyn, N. Y.
Heyn, Miss Ida, 1891.....	123	Prospect Place, Brooklyn, N. Y.
Holloway, Miss Harriet, 1896.....	123	Prospect Place, Brooklyn, N. Y.
Hubbard, Mrs. Sarah A.....	201A.	Sixth Avenue, Brooklyn, N. Y.
Johnson, Miss Sarah M., 1897.....	280	St. James Place, Brooklyn, N. Y.



Kirkpatrick, Miss.....	86 Elizabeth Avenue, Newark, N. J.
Kline, Mrs. J. J.....	840 Washington Avenue, Brooklyn, N. Y.
Kurtz, Miss Ella B., 1896.....	German Hospital, Brooklyn, N. Y.
Lewis, Miss Kathryn Fisher.....	123 Prospect Place, Brooklyn, N. Y.
McCauley, Miss Nettie, 1897.....	123 Prospect Place, Brooklyn, N. Y.
Meikle, Miss Annie F.....	139 Seventh Avenue, Brooklyn, N. Y.
Menninger, Miss Mary, 1895.....	280 St. James Place, Brooklyn, N. Y.
Miller, Miss Emma C., 1898.....	112 Jefferson Avenue, Brooklyn, N. Y.
Mortimer, Miss Mabel, 1896.....	Butte, Mont.
Mounce, Miss Lydia J., 1898.....	123 Prospect Place, Brooklyn, N. Y.
Murray, Miss Wilhelmina, 1891.....	429 Hancock Street, Brooklyn, N. Y.
Myer, Miss Sara Burtis.....	429 Hancock Street, Brooklyn, N. Y.
Otto, Miss Florence, 1894.....	280 St. James Place, Brooklyn, N. Y.
Patterson, Miss Carlie G., 1894....	California General Hospital, Los Angeles, Cal.
Payne, Miss Sarah C., 1897.....	280 St. James Place, Brooklyn, N. Y.
Pearson, Mrs. Charlotte.....	429 Hancock Street, Brooklyn, N. Y.
Perrine, Miss Mary, 1894.....	123 Prospect Place, Brooklyn, N. Y.
Phillips, Miss Addie, 1892.....	123 Prospect Place, Brooklyn, N. Y.
Pierce, Miss Cornelia, 1893.....	632 Pearl Street, Elizabeth, N. J.
Prentis, Miss Adelaide, 1894.....	280 St. James Place, Brooklyn, N. Y.
Pritchard, Miss E. Margaret, 1899.....	German Hospital, Brooklyn, N. Y.
Ranney, Miss Alice M., 1896.....	123 Prospect Place, Brooklyn, N. Y.
Remsen, Miss Susan J., 1893.....	429 Hancock Street, Brooklyn, N. Y.
Rhodes, Miss Kathleen, 1897.....	1136 Dean Street, Brooklyn, N. Y.
Richards, Miss Jennie Dickey.....	280 St. James Place, Brooklyn, N. Y.
Saybolt, Miss E. May, 1897.....	451 Sixth Street, Brooklyn, N. Y.
Seward, Miss Mary A., 1892.....	429 Hancock Street, Brooklyn, N. Y.
Shipman, Miss Orpha E., 1893.....	429 Hancock Street, Brooklyn, N. Y.
Stahl, Miss Elspeth, 1891.....	Kings County Hospital, Brooklyn, N. Y.
Stidel, Miss Frida, 1898.....	Arlington, N. J.
Stoney, Miss Sara A., 1901.....	429 Hancock Street, Brooklyn, N. Y.
Sullender, Miss Gertrude L., 1898.....	429 Hancock Street, Brooklyn, N. Y.
Swidels, Mrs. E. E.....	Mt. Kisco, N. Y.
Tepper, Miss Wilhelmina G., 1898.....	62 West Fiftieth Street, New York City, N. Y.
Thomas, Miss Mary L., 1895.....	558 Madison Street, Brooklyn, N. Y.
Tuttle, Jennie L., 1897.....	451 Sixth Street, Brooklyn, N. Y.
Waddell, Mrs. Sylvia.....	Hurd, N. Y.
Waterman, Miss L. L., 1894.....	Methodist Episcopal Hospital, Brooklyn, N. Y.
Watts, Miss F. Page, 1899.....	Franklin, Va.
Wilson, Miss Minnie, 1898.....	112 Jefferson Avenue, Brooklyn, N. Y.

## MICHAEL REESE HOSPITAL ALUMNÆ.

1892.

Austin, Miss (Mrs. Kerr).....	295 La Salle Avenue, Chicago, Ill.
Henderson, Miss (Mrs. Dr. Piper).....	6748 Union Avenue, Chicago, Ill.
Nixon, Mrs.....	3847 Dearborn Street, Chicago, Ill.
Parsons, Miss.....	6748 Union Avenue, Chicago, Ill.
Pfeffer, Mrs.....	Brooklyn, N. Y.
Raschdowitz, Miss.....	3015 Indiana Avenue, Chicago, Ill.
West, Miss.....	3121 Indiana Avenue, Chicago, Ill.



## 1893.

Hays, Miss M.....	2805 Indiana Avenue, Chicago, Ill.
Hays, Miss S.....	2805 Indiana Avenue, Chicago, Ill.
Jamieson, Miss.....	2805 Indiana Avenue, Chicago, Ill.
Koch, Miss (Mrs. Dr. Bailey).....	4311 Vincennes Avenue, Chicago, Ill.
Lawson, Miss.....	City Hospital, Akron, O.
Levinson, Miss.....	359 East Forty-fifth Street, Chicago, Ill.
Tooker, Miss....	Superintendent of Nurses, Michael Reese Hospital, Chicago, Ill.

## 1894.

Beaton, Miss H.....	2805 Indiana Avenue, Chicago, Ill.
Ireland, Miss (Mrs. Hornis).....	391 Forty-fifth Street, Chicago, Ill.
Mitchell, Miss.....	Wilmette, Ill.
Norman, Miss (Mrs. Wolf).....	Joliet, Ill.
Rosenberg, Miss (Mrs. Dr. Abt).....	4336 Vincennes Avenue, Chicago, Ill.
Thornburg, Miss.....	3121 Indiana Avenue, Chicago, Ill.

## 1895.

Darby, Miss.....	505 Chemical Building, St. Louis, Mo.
Hubbard, Miss.....	Evanston, Ill.
Mallory, Miss (Mrs. Newman).....	3441 Michigan Avenue, Chicago, Ill.
Reed, Mrs.....	2805 Indiana Avenue, Chicago, Ill.
Scott, Miss.....	3606 Wabash Avenue, Chicago, Ill.
Story, Miss S.....	Mason City, Ia.
Tracy, Miss.....	Assistant Superintendent of Nurses, Michael Reese Hospital, Chicago, Ill.
Waegley, Mrs.....	2805 Indiana Avenue, Chicago, Ill.
Warren, Miss.....	3606 Wabash Avenue, Chicago, Ill.
Welch, Miss (Mrs. Bachs).....	1052 Fifty-eighth Street, Chicago, Ill.

## 1896.

Cary, Miss.....	London, England
Langenberger, Miss.....	2805 Indiana Avenue, Chicago, Ill.
Neelan, Miss (Mrs. Dr. Murray).....	69 East Thirty-third Street, Chicago, Ill.
Smith, Miss.....	6504 Jackson Avenue, Chicago, Ill.
Sutherland, Miss.....	2965 Groveland Avenue, Chicago, Ill.

## 1897.

MacKenzie, Miss Emma.....	339 East Sixty-second Street, Chicago, Ill.
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## 1898.

Brewer, Miss (Mrs. Lake).....	339 East Sixty-second Street, Chicago, Ill.
Brown, Miss E.....	St. Luke's Hospital, Marquette, Mich.
Dack, Miss.....	3606 Wabash Avenue, Chicago, Ill.
Duffy, Miss.....	155 East Forty-second Place, Chicago, Ill.
Fay, Miss.....	155 East Forty-second Place, Chicago, Ill.
Mason, Miss E.....	Thirty-sixth Street and Vincennes Avenue, Chicago, Ill.
McDougal, Miss G.....	Thirty-sixth Street and Vincennes Avenue, Chicago, Ill.
Steele, Miss.....	2951 Vernon Avenue, Chicago, Ill.
Story, Miss D.....	Mason City, Ia.
Wilson, Miss (Mrs. Dr. Sacks).....	478 Ashland Boulevard, Chicago, Ill.



## 1899.

Mayfield, Mrs.....	Thirty-sixth Street and Ellis Avenue, Chicago, Ill.
Mench, Miss.....	3200 Calumet Avenue, Chicago, Ill.
Moore, Miss.....	2805 Indiana Avenue, Chicago, Ill.
Owens, Miss.....	Thirty-first Street and Groveland Avenue, Chicago, Ill.
Reed, Miss.....	Thirty-first Street and Groveland Avenue, Chicago, Ill.
Schagel, Miss G.....	2805 Indiana Avenue, Chicago, Ill.
Touch, Miss L. F.....	421 South Pine Street, Austin, Ill.
Wolf, Miss.....	3200 Calumet Avenue, Chicago, Ill.

## 1900.

Bowen, Miss.....	Sixty-second Street and Drexel Boulevard, Chicago, Ill.
Brown, Miss.....	2805 Indiana Avenue, Chicago, Ill.
Fetzer, Miss.....	4307 Prairie Avenue, Chicago, Ill.
King, Miss.....	Thirty-sixth Street and Vincennes Avenue, Chicago, Ill.
Laird, Miss.....	Michael Reese Hospital, Chicago, Ill.
Lee, Miss.....	3200 Calumet Avenue, Chicago, Ill.
McEdwards, Miss.....	5320 Calumet Avenue, Chicago, Ill.
Mendelsohn, Miss.....	4202 Calumet Avenue, Chicago, Ill.
Schagel, Miss.....	2805 Indiana Avenue, Chicago, Ill.
Spence, Miss.....	5475 Madison Avenue, Chicago, Ill.
Weick, Miss.....	2805 Indiana Avenue, Chicago, Ill.

## 1901.

Fletcher, Miss.....	5320 Calumet Avenue, Chicago, Ill.
Lowenthal, Miss.....	Thirty-sixth Street and Vincennes Avenue, Chicago, Ill.
Nesbitt, Miss.....	2900 Groveland Avenue, Chicago, Ill.
Pease, Miss.....	2900 Groveland Avenue, Chicago, Ill.

## NEW YORK HOSPITAL ALUMNÆ.

Allen, Miss Mary J.....	116 West Eighty-second Street, New York City, N. Y.
Anderson, Miss.....	Sloane Hospital, New York City, N. Y.
Annis, Miss.....	245 West Fourteenth Street, New York City, N. Y.
Armsby, Miss Jessica.....	54 West Forty-ninth Street, New York City, N. Y.
Atwater, Miss Ellen J.....	Colebrook, Conn.
Baker, Miss D. L.....	106 West Thirteenth Street, New York City, N. Y.
Banks, Mrs. M. S.....	430 Halsey Street, Brooklyn, N. Y.
Barker, Miss A.....	54 East Forty-ninth Street, New York City, N. Y.
Beary, Miss H. R.....	100 West Forty-fourth Street, New York City, N. Y.
Beck, Mrs.....	Rockville Centre, Long Island, N. Y.
Beckwith, Mrs. Edgar.....	Pleasantville, N. Y.
Bellinger, Miss M.....	1185 Lexington Avenue, New York City, N. Y.
Benz, Miss Emma.....	54 East Forty-ninth Street, New York City, N. Y.
Best, Miss Jos.....	40 East Twenty-first Street, New York City, N. Y.
Birdsall, Miss C. T.....	54 East Forty-ninth Street, New York City, N. Y.
Black, Miss Susan A.....	Hamot Hospital, Erie, Pa.
Bonsall, Miss Emma.....	353 West Fifteenth Street, New York City, N. Y.
Bowdle, Mrs. S.....	1261 Clarkson Street, Denver, Col.
Bowe, Miss Emma.....	46½ State Street, Newark, N. J.
Bradley, Miss Sarah A.....	22 West Twelfth Street, New York City, N. Y.



Bridges, Miss M. H. P.....	Kalespeel, Mont.
Brooks, Miss F. A.....49 West Thirty-second Street, New York City, N. Y.	
Brown, Mrs. G. H.....	Highland Falls, N. Y.
Brown, Miss M. K.....109 West Forty-seventh Street, New York City, N. Y.	
Bryson, Miss A.....54 East Forty-ninth Street, New York City, N. Y.	
Bryson, Miss M.....5 West Sixty-fifth Street, New York City, N. Y.	
Bulkley, Mrs.....141 East Sixteenth Street, New York City, N. Y.	
Burke, Mrs. E. M.....450 West One-hundred-and-Fifty-first Street,	New York City, N. Y.
Buyes, Mrs.....1483 Bedford Avenue, Brooklyn, N. Y.	
Cady, Miss C....Skin and Cancer Hospital, Second Avenue and Nineteenth Street,	New York City, N. Y.
Camp, Mrs.....252 West Eighty-fifth Street, New York City, N. Y.	
Clark, Mrs.....	Craig Colony, Sonyea, N. Y.
Clarke, Miss A. A.....54 East Forty-ninth Street, New York City, N. Y.	
Clarke, Miss C.....154 State Street, Albany, N. Y.	
Clarke, Miss K. M.....213 West Eightieth Street, New York City, N. Y.	
Coggeshall, Miss F. E.....54 East Forty-ninth Street, New York City, N. Y.	
Coleman, Miss S. M.....54 East Forty-ninth Street, New York City, N. Y.	
Collins, Miss.....44 East Twenty-ninth Street, New York City, N. Y.	
Cooley, Mrs. C. P.....	Hartford, Conn.
Cordes, Dr. L. E.....46 East Forty-ninth Street, New York City, N. Y.	
Covert, Miss C. P.....245 West Fourteenth Street, New York City, N. Y.	
Crawford, Mrs.....217 East Twenty-seventh Street, New York City, N. Y.	
Cruso, Miss M. E.....54 East Forty-ninth Street, New York City, N. Y.	
Cuthbertson, Miss.....7 West Fifteenth Street, New York City, N. Y.	
Danaher, Miss E. N.....44 East Twenty-ninth Street, New York City, N. Y.	
Davenport, Mrs. E. J.....39 West Sixteenth Street, New York City, N. Y.	
Davis, Miss E. A.....	
Day, Miss R.....442 West Twentieth Street, New York City, N. Y.	
De Freest, Miss J. L.....54 East Forty-ninth Street, New York City, N. Y.	
Denike, Miss E. V. A.....54 East Forty-ninth Street, New York City, N. Y.	
Denniston, Miss P. A.....33 West Sixty-fifth Street, New York City, N. Y.	
Dickson, Miss B. L.....58 Irving Place, New York City, N. Y.	
Dinehart, Miss E. M.....54 East Forty-ninth Street, New York City, N. Y.	
Dolson, Miss W.....44 East Twenty-ninth Street, New York City, N. Y.	
Duncan, Miss A. B.....116 East Eighteenth Street, New York City, N. Y.	
Durrell, Mrs. E. F.....	Melrose, Mass.
Dwight, Miss D.....	General Hospital, Passaic, N. J.
Earle, Miss A.....7 West Fifteenth Street, New York City, N. Y.	
Earle, Miss H. L.....7 West Fifteenth Street, New York City, N. Y.	
Elliot, Miss A.....58 Irving Street, New York City, N. Y.	
Ewing, Miss E. D.....366 Tompkins Avenue, Brooklyn, N. Y.	
Fearing, Mrs.....3408 Harvey Avenue, Cincinnati, O.	
Finney, Miss L.....54 East Forty-ninth Street, New York City, N. Y.	
Fletcher, Miss A.....54 East Forty-ninth Street, New York City, N. Y.	
Fligg, Miss.....44 East Twenty-ninth Street, New York City, N. Y.	
Frederick, Miss M. A.....245 West Fourteenth Street, New York City, N. Y.	
Gates, Miss G.....54 East Forty-ninth Street, New York City, N. Y.	
Gibson, Miss B.....7 West Fifteenth Street, New York City, N. Y.	
Giddings, Miss F.....54 East Forty-ninth Street, New York City, N. Y.	



Gifford, Miss S. V.....	67 Hudson Street, New York City, N. Y.
Gill, Miss.....	7 West Fifteenth Street, New York City, N. Y.
Gillette, Miss L.....	54 East Forty-ninth Street, New York City, N. Y.
Golding, Miss E. E.....	245 West Fourteenth Street, New York City, N. Y.
Goodrich, Miss A.....	Superintendent of Nurses, New York Hospital, New York City, N. Y.
Goodrich, Miss M.....	Flushing Hospital, Flushing, Long Island, N. Y.
Gordon, Mrs.....	131 West Forty-third Street, New York City, N. Y.
Gowan, Miss F. M.....	65 West Twelfth Street, New York City, N. Y.
Grafton, Miss L. O.....	54 East Forty-ninth Street, New York City, N. Y.
Graham, Miss M.....	54 East Forty-ninth Street, New York City, N. Y.
Green, Miss R.....	35 West Sixteenth Street, New York City, N. Y.
Greer, Mrs. M. L.....	50 West One-hundred-and-Twenty-ninth Street, New York City, N. Y.
Grobert, Miss E. (Mrs. A. D. Ernst).....	South Amboy, N. J.
Hall, Miss L.....	54 East Forty-ninth Street, New York City, N. Y.
Harris, Mrs.....	129 West Forty-third Street, New York City, N. Y.
Hart, Miss E. S.....	54 East Forty-ninth Street, New York City, N. Y.
Hatton, Miss A.....	54 East Forty-ninth Street, New York City, N. Y.
Hatton, Dr. J. E.....	508 Third Street, Brooklyn, N. Y.
Henderson, Miss A.....	35 West Sixteenth Street, New York City, N. Y.
Henderson, Miss A. C.....	General Hospital, Auburn, N. Y.
Higgenbotham, Miss.....	54 East Forty-ninth Street, New York City, N. Y.
Hill, Miss J.....	54 East Forty-ninth Street, New York City, N. Y.
Hinch, Miss M.....	54 East Forty-ninth Street, New York City, N. Y.
Hinchcliffe, Miss A. H.....	245 West Fourteenth Street, New York City, N. Y.
Hitchcock, Miss J. E.....	265 Henry Street, New York City, N. Y.
Hodgson, Miss A.....	Kensington Hotel, Fifteenth Street and Fifth Avenue, New York City, N. Y.
Hodson, Miss J.....	33 East Thirty-third Street, New York City, N. Y.
Holmes, Miss A.....	54 East Forty-ninth Street, New York City, N. Y.
Hornby, Miss S. W.....	54 East Forty-ninth Street, New York City, N. Y.
Horton, Miss C. E.....	35 West Sixteenth Street, New York City, N. Y.
Hubbard, Miss S. A.....	132 West Forty-fourth Street, New York City, N. Y.
Hunt, Miss M. H.....	47 East Thirty-first Street, New York City, N. Y.
Hunter, Miss M. J.....	54 East Forty-ninth Street, New York City, N. Y.
Hunter, Miss V.....	22 West Twelfth Street, New York City, N. Y.
Hutchinson, Miss M.....	Smith Infirmary, New Brighton, Staten Island, N. Y.
Jackes, Miss.....	54 East Forty-ninth Street, New York City, N. Y.
Jackson, Miss M.....	Hanover Flats, Manchester, N. H.
Jamison, Mrs.....	540 East Thirteenth Street, New York City, N. Y.
Jenkins, Miss M. G.....	245 West Fourteenth Street, New York City, N. Y.
Johnson, Dr. E.....	125 West Fifty-eighth Street, New York City, N. Y.
Johnson, Miss E. S.....	245 West Fourteenth Street, New York City, N. Y.
Johnson, Miss H.....	71 Madison Avenue, Toronto, Can.
Johnston, Miss K.....	176 Palisade Avenue, Jersey City, N. J.
Joncis, Mrs. C. G.....	4454 Okenwald Avenue, Chicago, Ill.
Jones, Miss J.....	54 East Forty-ninth Street, New York City, N. Y.
Jones, Miss L. V.....	City Hospital, Charleston, S. C.
Josephi, Miss H. L.....	7 West Fifteenth Street, New York City, N. Y.
Joyce, Miss E.....	44 East Twenty-ninth Street, New York City, N. Y.
Kelly, Miss A.....	334 Sussex Street, Newark, N. J.



King, Miss M. J.....	65 West Twelfth Street, New York City, N. Y.
Kyle, Miss.....	54 East Forty-ninth Street, New York City, N. Y.
La Fetra, Mrs.....	58 West Fifty-eighth Street, New York City, N. Y.
Lamphear, Miss.....	309 East Thirtieth Street, New York City, N. Y.
Larned, Miss.....	245 West Fourteenth Street, New York City, N. Y.
Lasher, Miss K.....	54 East Forty-ninth Street, New York City, N. Y.
Leonard, Miss C. E.....	7 West Fifteenth Street, New York City, N. Y.
Linton, Miss F. M.....	5 West Sixty-fifth Street, New York City, N. Y.
Lynch, Miss L..	14 West One-hundred-and-Twelfth Street, New York City, N. Y.
MacCurdy, Miss M. C.....	65 West Twelfth Street, New York City, N. Y.
Macdairmid, Miss K.....	7 West Fifteenth Street, New York City, N. Y.
Macdonald, Miss H. E.....	52 East Forty-ninth Street, New York City, N. Y.
MacKenzie, Miss Margaret..	54 East Forty-ninth Street, New York City, N. Y.
MacKenzie, Miss S. J.....	106 West Thirteenth Street, New York City, N. Y.
MacMartin, Miss J. H.....	508 Fifth Avenue, New York City, N. Y.
Madden, Miss A. T.....	44 East Twenty-ninth Street, New York City, N. Y.
Mallory, Miss.....	133 West Springfield Street, Boston, Mass.
Manter, Miss E. G.....	245 West Fourteenth Street, New York City, N. Y.
Mathews, Miss H.....	54 East Forty-ninth Street, New York City, N. Y.
Maurice, Miss M.....	82 Victoria Street, Montreal, Can.
McCrae, Miss N.....	7 West Fifteenth Street, New York City, N. Y.
McCreery, Mrs. F. H.....	129 East Fortieth Street, New York City, N. Y.
McCullach, Miss.....	54 East Forty-ninth Street, New York City, N. Y.
McDonnell, Miss.....	367 West Twenty-eighth Street, New York City, N. Y.
McDougall, Mrs. A.....	330 West Eighty-fourth Street, New York City, N. Y.
McIntyre, Mrs.....	54 East Forty-ninth Street, New York City, N. Y.
McMartin, Miss C. K. A...	49 West Thirty-eighth Street, New York City, N. Y.
McVean, Miss J. H..	Williamsburg Hospital, South Third Street, Brooklyn, N. Y.
Mead, Mrs. R. O.....	Brewsters, N. Y.
Mewhart, Miss.....	54 East Forty-ninth Street, New York City, N. Y.
Mitchell, Miss H. A.....	10 West Twenty-first Street, New York City, N. Y.
Mitchell, Miss N.....	7 West Fifteenth Street, New York City, N. Y.
Moesle, Miss H.....	245 West Fourteenth Street, New York City, N. Y.
Monaghan, Miss A. E.....	31 West Sixteenth Street, New York City, N. Y.
Morch, Miss D. T.....	245 West Fourteenth Street, New York City, N. Y.
Muirhead, Miss L.....	7 West Fifteenth Street, New York City, N. Y.
Munn, Miss.....	54 East Forty-ninth Street, New York City, N. Y.
Naruse, Miss S.....	Japan
Nash, Miss F.....	54 East Forty-ninth Street, New York City, N. Y.
Nelson, Miss F. E.....	65 West Twelfth Street, New York City, N. Y.
Nichols, Mrs. J. F.....	St. Barnabas Rectory, Reading, Pa.
Nichols, Miss L.....	24 Stetson Street, Brookline, Mass.
Nicolai, Miss M. L.....	Housatonic, Mass.
Nourse, Miss E.....	Hoffman House, Broadway, New York City, N. Y.
Nudel, Miss I.....	7 West Fifteenth Street, New York City, N. Y.
Nuttall, Mrs. J. A.....	Flower Hospital, New York City, N. Y.
O'Geran, Miss A. J.....	54 East Forty-ninth Street, New York City, N. Y.
Orleman, Mrs. L.....	Military Academy, Peekskill, N. Y.
Palser, Miss M.....	222 Market Street, Newark, N. J.
Pearl, Miss E. M.....	54 East Forty-ninth Street, New York City, N. Y.
Pearsall, Mrs. M. H.....	245 West Fourteenth Street, New York City, N. Y.



Peck, Mrs. C.....	37 West Forty-eighth Street, New York City, N. Y.
Peck, Miss M. L.....	7 West Fifteenth Street, New York City, N. Y.
Pederson, Mrs. V.....	
Pope, Miss F.....	Cornwall-on-Hudson
Post, Miss M. V.....	54 East Forty-ninth Street, New York City, N. Y.
Prehn, Mrs....	972 East One-hundred-and-Sixty-sixth Street, New York City, N. Y.
Price, Miss E. O.....	206 South Third Street, Richmond, Va.
Price, Miss.....	54 East Forty-ninth Street, New York City, N. Y.
Pugsley, Miss.....	245 West Fourteenth Street, New York City, N. Y.
Quaife, Miss F.....	Turo Infirmary, New Orleans, La.
Rankin, Miss M.....	65 West Twelfth Street, New York City, N. Y.
Reilly, Miss H.....	54 East Forty-ninth Street, New York City, N. Y.
Richardson, Miss H. C.....	106 West Thirteenth Street, New York City, N. Y.
Richmond, Miss....	Cancer Hospital, Eighth Avenue and One-hundred-and-Sixth Street, New York City, N. Y.
Robarts, Miss E. M.....	54 East Forty-ninth Street, New York City, N. Y.
Robertson, Mrs.....	245 West Fourteenth Street, New York City, N. Y.
Rogers, Mrs.....	Bridgeport Hospital, Bridgeport, Conn.
Rorrick, Miss E. M.....	Christ Hospital, Jersey City, N. J.
Russell, Miss M. M.....	Western Pennsylvania Hospital, Pittsburg, Pa.
Ryerson, Miss M. M.....	515 Lexington Avenue, New York City, N. Y.
Rykert, Miss A.....	Post-Graduate Hospital, New York City, N. Y.
Samuel, Miss M.....	Roosevelt Hospital, New York City, N. Y.
Sanborn, Miss K.....	St. Vincent's Hospital, New York City, N. Y.
Sanders, Miss E.....	Denver, Col.
Searcy, Miss C. P.....	54 East Forty-ninth Street, New York City, N. Y.
Segar, Mrs. H. R.....	Westerly, R. I.
Selden, Miss M.....	Hadlyne, Conn.
Shoebridge, Miss R.....	31 West Sixteenth Street, New York City, N. Y.
Simons, Mrs. M.....	Sloane Hospital, New York City, N. Y.
Simpson, Miss E.....	106 West Thirteenth Street, New York City, N. Y.
Sinnott, Miss.....	54 East Forty-ninth Street, New York City, N. Y.
Smillie, Miss E. R.....	1317 Yale Street, Washington, D. C.
Smith, Mrs. H.....	226 Monroe Street, Brooklyn, N. Y.
Smith, Miss M.....	Long Island College Hospital, Brooklyn, N. Y.
Somerville, Miss M.....	5 West Sixty-fifth Street, New York City, N. Y.
Stanbury, Miss S.....	54 East Forty-ninth Street, New York City, N. Y.
States, Miss J. B.....	245 West Fourteenth Street, New York City, N. Y.
Stevens, Miss C. M.....	224 West Twenty-second Street, New York City, N. Y.
Stewart, Miss A. B.....	108 East Steuben Street, Bath, N. Y.
Strombon, Miss A.....	7 West Fifteenth Street, New York City, N. Y.
Sutcliffe, Miss C. B.....	797 Madison Avenue, New York City, N. Y.
Sutcliffe, Miss F. M.....	8 West Sixteenth Street, New York City, N. Y.
Sutcliffe, Miss I. H.....	7 West Fifteenth Street, New York City, N. Y.
Sutcliffe, Miss I. L.....	Long Island College Hospital, Brooklyn, N. Y.
Tappan, Miss O. L.....	54 East Forty-ninth Street, New York City, N. Y.
Taylor, Miss A. H.....	54 East Forty-ninth Street, New York City, N. Y.
Taylor, Miss F.....	54 East Forty-ninth Street, New York City, N. Y.
Thomas, Miss L. H.....	245 West Fourteenth Street, New York City, N. Y.
Thomas, Miss N. M.....	14 East Sixteenth Street, New York City, N. Y.
Thompson, Miss R.....	54 East Forty-ninth Street, New York City, N. Y.



- Thomson, Miss Annie.....54 East Forty-ninth Street, New York City, N. Y.  
 Tregear, Mrs. J. C.....Australia  
 Tucker, Mrs.....110 West Fifty-seventh Street, New York City, N. Y.  
 Tucker, Miss Jos.....  
 Turner, Miss E. M.....128 East Twelfth Street, New York City, N. Y.  
 Twitchell, Miss A. I.....Smith Infirmary, New Brighton, Staten Island, N. Y.  
 Van Antwerp, Mrs.....Tenaflly, N. J.  
 Vroom, Miss.....54 East Forty-ninth Street, New York City, N. Y.  
 Wald, Miss L. D.....265 Henry Street, New York City, N. Y.  
 Walden, Miss L. A.....37 Putnam Avenue, Brooklyn, N. Y.  
 Wallace, Miss E.....132 West Forty-fourth Street, New York City, N. Y.  
 Wallis, Miss F.....355 West One-hundred-and-Forty-fifth Street,  
 New York City, N. Y.  
 Walsh, Miss.....54 East Forty-ninth Street, New York City, N. Y.  
 Walton, Miss I. J.....13 Division Street, Toronto, Can.  
 Warnecke, Miss A.....245 West Fourteenth Street, New York City, N. Y.  
 Warr, Miss E. L.....1224 Dillon Street, St. Louis, Mo.  
 Weakley, Miss H. J.....54 East Forty-ninth Street, New York City, N. Y.  
 Westervelt, Miss.....Dryden, N. Y.  
 Weston, Miss L.....Post-Graduate Hospital, New York City, N. Y.  
 Wheeler, Miss M.....657 Lexington Avenue, New York City, N. Y.  
 Whitehead, Miss Hindela.....Misses Ely's School, West Eighty-sixth Street,  
 New York City, N. Y.  
 Whitehouse, Miss M. E.....58 East Twenty-fifth Street, New York City, N. Y.  
 Whitelaw, Miss J. M....312 East Seventy-eighth Street, New York City, N. Y.  
 Whitelaw, Mrs.....285 North Seventh Street, Newark, N. J.  
 Wilds, Miss F. H.....35 West Sixteenth Street, New York City, N. Y.  
 Wilkie, Miss.....204 East Sixteenth Street, New York City, N. Y.  
 Williamson, Miss A.....245 West Fourteenth Street, New York City, N. Y.  
 Willson, Mrs. L.....70 West Thirty-fifth Street, New York City, N. Y.  
 Wilsey, Miss H. B.....245 West Fourteenth Street, New York City, N. Y.  
 Wilson, Miss.....54 East Forty-ninth Street, New York City, N. Y.  
 Witherington, Miss A. L....53 West Fifty-second Street, New York City, N. Y.  
 Woodruff, Miss H. A.....68 West Thirty-eighth Street, New York City, N. Y.  
 Woods, Miss E. F.....22 Townsend Avenue, Stapleton, Staten Island, N. Y.  
 Wygant, Miss L. M.....35 West Sixteenth Street, New York City, N. Y.  
 Young, Miss A. R.....Muhlenburg Hospital, Plainfield, N. J.  
 Young, Miss F.....65 West Twelfth Street, New York City, N. Y.  
 Young, Miss M. H.....65 West Twelfth Street, New York City, N. Y.  
 Ziegler, Mrs. S. K.....137 East Forty-ninth Street, New York City, N. Y.

## NEW YORK POST-GRADUATE HOSPITAL ALUMNÆ.

## HONORARY MEMBERS.

Robb, Mrs. Hunter	MacNutt, Dr. S. J.
Goodrich, Miss Annie W.	MacNutt, Dr. J. G.
Lee, Mrs. Caroline Waldron	Fahnestock, Mr. H. C.

## ACTIVE MEMBERS.

- Adams, Miss Bertha.....122 West One-hundred-and-Fourteenth Street,  
 New York City, N. Y.  
 Allan, Miss Medora Frost.....New York City, N. Y.



- Allen, Miss Jennie R.....234 West Twenty-first Street, New York City, N. Y.  
 Allen, Miss Susanna C.....143 East Thirty-fifth Street, New York City, N. Y.  
 Alsdorf, Mrs. Elizabeth.....Dr. Jackson's Sanitarium, Dansville, N. Y.  
 Anderson, Miss Margaret.....515 Lexington Avenue, New York City, N. Y.  
 Armstrong, Miss Carrie L..143 East Thirty-fifth Street, New York City, N. Y.  
 Atchison, Miss Mabel.....515 Lexington Avenue, New York City, N. Y.  
 Austin, Miss Winifred (Mrs. Lewis Webster).....Auburn, N. Y.  
 Barry, Miss Julia G.....143 East Thirty-fifth Street, New York City, N. Y.  
 Beach, Miss May B.....143 East Thirty-fifth Street, New York City, N. Y.  
 Biddle, Miss Winifred.....240 West End Avenue, New York City, N. Y.  
 Bishop, Miss Susan....."Nurses' Settlement," 312 East Seventy-eighth Street,  
 New York City, N. Y.  
 Black, Miss Emma Stuart.....Care of 143 East Thirty-fifth Street,  
 New York City, N. Y.  
 Boland, Miss Annie T.....143 East Thirty-fifth Street, New York City, N. Y.  
 Borden, Miss Ada Erford....143 East Thirty-fifth Street, New York City, N. Y.  
 Bowen, Miss Louise.....141 West Forty-fourth Street, New York City, N. Y.  
 Brown, Miss Addie.....414 Amsterdam Avenue, New York City, N. Y.  
 Brown, Miss Eleanor B.....The Roosevelt Hospital, New York City, N. Y.  
 Brown, Mrs. May D. (Mrs. Charles Goodelle).....Homer, N. Y.  
 Burns, Miss Ada M.....143 East Thirty-fifth Street, New York City, N. Y.  
 Butler, Miss Margaret D....143 East Thirty-fifth Street, New York City, N. Y.  
 Byrne, Miss Margaret H.....Care of 143 East Thirty-fifth Street,  
 New York City, N. Y.  
 Cannon, Ida (Mrs. R. W. Bryan).....316 West Forty-seventh Street,  
 New York City, N. Y.  
 Cannon, Miss Nettie.....135 West Eighty-ninth Street, New York City, N. Y.  
 Carmody, Miss Mary.....597 Lexington Avenue, New York City, N. Y.  
 Carroll, Miss Grace.....Honolulu, T. H.  
 Carroll, Margaret (Mrs. Carl du Roi).....Honolulu, T. H.  
 Castello, Mrs. Clara.....127 East Seventy-sixth Street, New York City, N. Y.  
 Chapman, Miss Flora.....240 West End Avenue, New York City, N. Y.  
 Charlton, Miss Anna M.....143 East Thirty-fifth Street, New York City, N. Y.  
 Cole, Mrs. Mae L.....143 East Thirty-fifth Street, New York City, N. Y.  
 Colpas, Miss Florence.....143 East Thirty-fifth Street, New York City, N. Y.  
 Craigmile, Miss Christina.....Fairlawn, Morris Heights, N. Y.  
 Dolitzscher, Miss Elise.....152 West Sixty-fifth Street, New York City, N. Y.  
 Donohoe, Miss Elizabeth H.....Care of 143 East Thirty-fifth Street,  
 New York City, N. Y.  
 Dowling, Miss Lilian.....240 West End Avenue, New York City, N. Y.  
 Dunbar, Miss Lilian B. (Mrs. Richard Brandt).....London, England  
 Duncan, Miss Jessie.....103 West Fifty-sixth Street, New York City, N. Y.  
 Dunlee, Jennie (Mrs. William M. Carhart).....Peekskill, N. Y.  
 Dunne, Miss Alice E....165 West Eighty-second Street, New York City, N. Y.  
 Edwards, Miss Fanny Tyler.....1433 Madison Avenue, New York City, N. Y.  
 Ehrlicher, Miss Charlotte.....German Hospital, New York City, N. Y.  
 Eldridge, Miss Dora.....132 West Forty-fourth Street, New York City, N. Y.  
 Elston, Miss Margaret.....Stamford, Conn.  
 Empey, Nannette (Mrs. C. A. Bryan)..The Martinique, New York City, N. Y.  
 Entwisle, Miss Bertha.....2335 Broadway, New York City, N. Y.  
 Ewart, Miss Agnes.....Stratford, Ontario



Farnham, Miss Elizabeth	143 East Thirty-fifth Street, New York City, N. Y.
Fraleigh, Miss Castella C.	265 Lexington Avenue, New York City, N. Y.
Freeman, Miss Martha J.	143 East Thirty-fifth Street, New York City, N. Y.
Frye, Miss Elma A.	Care of 143 East Thirty-fifth Street, New York City, N. Y.
Fuller, Mrs. Martha L. (Mrs. Judson C. Smith)	70 John Street, Sandy Hill, N. Y.
Gallup, Miss Lena	Care of 143 East Thirty-fifth Street, New York City, N. Y.
Gardiner, Miss Anna	241 Sunnyside Avenue, Brooklyn, N. Y.
Gerard, Miss Elmore	143 East Thirty-fifth Street, New York City, N. Y.
Gifford, Blanche (Mrs. Irving Newbury Pullen)	Jersey City Heights, N. J.
Graham, Miss Margaret	59 Morningside Avenue, New York City, N. Y.
Graham, Miss Sarah J.	58 Morningside Avenue, New York City, N. Y.
Greene, Miss Alice L.	Oxford, N. Y.
Hanson, Miss Helen	178 West Eighty-first Street, New York City, N. Y.
Herbert, Miss Lena	Daisy Fields, Englewood, N. J.
Hibbard, Miss Mary A.	24 Park Street, Montclair, N. J.
Hunter, Miss Jean	143 East Thirty-fifth Street, New York City, N. Y.
Irwin, Miss Etta M.	Stamford Hospital, Stamford Street, New York City, N. Y.
Jacobus, Miss Rosabelle	"Nurses' Settlement," 312 East Seventy-eighth Street, New York City, N. Y.
Jeffery, Miss Georgeanna L. H.	135 West Eighty-ninth Street, New York City, N. Y.
Johnson, Miss Sarah	240 West End Avenue, New York City, N. Y.
Kemp, Miss Eliza	201 West One-hundred-and-First Street, New York City, N. Y.
King, Miss Mary	Care of 143 East Thirty-fifth Street, New York City, N. Y.
Lawrence, Mrs. Mary	143 East Thirty-fifth Street, New York City, N. Y.
Leadingham, Miss Anna S.	The Post-Graduate Hospital, New York City, N. Y.
Lehman, Miss Florence	133 West Eighty-ninth Street, New York City, N. Y.
Lewis, Miss Caroline	143 East Thirty-fifth Street, New York City, N. Y.
Lind, Miss Cecilia	49 West Forty-fourth Street, New York City, N. Y.
Lippit, Miss Louise	19 West Twenty-first Street, New York City, N. Y.
Lovering, Miss Lillian	245 West Fourteenth Street, New York City, N. Y.
Lynch, May C. (Mrs. Harry Lorree)	Care of 143 East Thirty-fifth Street, New York City, N. Y.
MacRae, Miss Anna B.	143 East Thirty-fifth Street, New York City, N. Y.
MacRae, Miss Minnie M.	143 East Thirty-fifth Street, New York City, N. Y.
McAllister, Miss Mary A.	132 West Forty-fourth Street, New York City, N. Y.
McDonald, Miss Ada	143 East Thirty-fifth Street, New York City, N. Y.
McDonald, Miss Anna F.	123 West Seventy-fourth Street, New York City, N. Y.
Merriman, Miss May	79 West Forty-ninth Street, New York City, N. Y.
Merritt, Miss Anna Lee	Care of 143 East Thirty-fifth Street, New York City, N. Y.
Mische, Miss Eureka A. M. W.	209 Douglass Street, Syracuse, N. Y.
Munds, Miss Columbia	143 East Thirty-fifth Street, New York City, N. Y.
Murphy, Miss Carmel Mary *	
Myers, Miss S. Henrietta	143 East Thirty-fifth Street, New York City, N. Y.
Notter, Miss Frances	143 East Thirty-fifth Street, New York City, N. Y.
Paddock, Miss Emma Clay	Belle Prairie, Minn.
Patmore, Miss Amy	234 West Twenty-first Street, New York City, N. Y.
Patterson, Miss Emma	1035 Lexington Avenue, New York City, N. Y.

\* Deceased.



Pettis, Miss Annie O.....	56	West Thirty-ninth Street, New York City, N. Y.
Quitterfield, Musa (Mrs. Julius Jackson).....	61	Spring Street, Saratoga, N. Y.
Randall, Miss Helen E.....	143	East Thirty-fifth Street, New York City, N. Y.
Ritter, Miss Doretta S.....	578	Eleventh Street, Brooklyn, N. Y.
Roberts, Miss Lola S.....	143	East Thirty-fifth Street, New York City, N. Y.
Robin, Miss Caroline S.....	143	East Thirty-fifth Street, New York City, N. Y.
Roblin, Miss Annie.....	133	West Eighty-ninth Street, New York City, N. Y.
Ross, Miss Lilian.....	240	West End Avenue, New York City, N. Y.
Royce, Miss Maude M.....	143	East Thirty-fifth Street, New York City, N. Y.
Runyon, Miss Anna M.....	152	West Sixty-fifth Street, New York City, N. Y.
Russell, Miss J. Hester.	123	West Seventy-fourth Street, New York City, N. Y.
Saxild, Miss Sophie.	Care of	143 East Thirty-fifth Street, New York City, N. Y.
Schaeffer, Miss Frances A.....	43	West Twelfth Street, New York City, N. Y.
Schermerhorn, Lela (Mrs. Harmon Staley)....		State Street, Schenectady, N. Y.
Schultz, Miss Marie.....	316	West Fifty-eighth Street, New York City, N. Y.
Scott, Miss Minna.....	176	West Eighty-seventh Street, New York City, N. Y.
Scudder, Miss Grace W...	122	West Eighty-third Street, New York City, N. Y.
Seckerson, Miss Lavinia..	135	West Eighty-ninth Street, New York City, N. Y.
Selden, Miss Gertrude.....	153	East Fifty-third Street, New York City, N. Y.
Shannon, Miss Elizabeth.....	240	West End Avenue, New York City, N. Y.
Shields, Miss Daisy S.....		Stamford Hospital, Stamford, Conn.
Simmonds, Mrs. Ada.....	466	Lexington Avenue, New York City, N. Y.
Small, Mrs. Ida.....	143	East Thirty-fifth Street, New York City, N. Y.
Ströhman, Miss Minna.....	191	Marcy Avenue, Brooklyn, N. Y.
Swazye, Miss Blanche.....	143	East Thirty-fifth Street, New York City, N. Y.
Tabelle, Mrs. Rose F. (Mrs. J. K. Taylor).....	332	East Thirtieth Street, New York City, N. Y.
Thomas, Miss Belle.....	143	East Thirty-fifth Street, New York City, N. Y.
Thomson, Miss Margaret C..	143	East Thirty-fifth Street, New York City, N. Y.
Thornton, Miss Mary E....	143	East Thirty-fifth Street, New York City, N. Y.
Vail, Miss Caroline F.....	414	Amsterdam Avenue, New York City, N. Y.
Welch, Mrs. Annie.....	597	Lexington Avenue, New York City, N. Y.
Wellsmiller, Marie (Mrs. J. A. Seager).....		Bath, N. Y.
Welton, Mrs. Emilie B....	212	West Fourteenth Street, New York City, N. Y.
Williams, Miss May Clark..	143	East Thirty-fifth Street, New York City, N. Y.
Willyoung, Miss Margaret..	143	East Thirty-fifth Street, New York City, N. Y.
Wood, Ethel (Mrs. W. F. Henden).....		Emsley, Ala.
Wright, Miss Harriot B....	143	East Thirty-fifth Street, New York City, N. Y.
Wyckoff, Miss Edith F.....	238	Fourth Avenue, Mt. Vernon, N. Y.

## ORANGE MEMORIAL HOSPITAL ALUMNÆ.

Adie, Miss Agnes.....	449	Main Street, Orange, N. J.
Anderson, Miss Margaret.....		Basking Ridge, N. J.
Baker, Miss Hanna.....		South Orange, N. J.
Benz, Miss C. M.....	68	Hillyer Street, Orange, N. J.
Bird, Miss S. E.....	79	South Eleventh Street, Newark, N. J.
Bolen, Miss Margaret.....		Essex Avenue, Orange, N. J.
Brainard, Miss G. A. A.....	1	Evergreen Place, East Orange, N. J.
Brennan, Miss K. B.....	449	Main Street, Orange, N. J.
Brown, Mrs. J. S.....		Fullerton Avenue, Montclair, N. J.



Bryant, Miss Anna L.....	1	Evergreen Place, East Orange, N. J.
Cameron, Miss Elizabeth.....	1	Evergreen Place, East Orange, N. J.
Cameron, Miss J.....	103	Henry Street, Orange, N. J.
Carle, Miss A.....	1	Evergreen Place, East Orange, N. J.
Chambers, Miss Ida J.....		North Grove Street, East Orange, N. J.
Clarke, Miss A. D.....	449	Main Street, Orange, N. J.
Clarke, Miss Martha.....	18	Webster Place, East Orange, N. J.
Coomber, Miss Sarah.....	1	Evergreen Place, East Orange, N. J.
Creveling, Miss Emma.....	103	Henry Street, Orange, N. J.
Curtis, Mrs. M. J.....	119	Essex Avenue, Orange, N. J.
Dakin, Miss Amy.....		Brick Church, East Orange, N. J.
Dickerson, Miss M. B.....	103	Henry Street, Orange, N. J.
Dodge, Mrs. Walter.....	51	Cleveland Street, Orange, N. J.
Druge, Miss Beatrice.....	449	Main Street, Orange, N. J.
Dyk, Miss Elizabeth.....	1	Evergreen Place, East Orange, N. J.
Dyk, Miss Susie.....	1	Evergreen Place, East Orange, N. J.
Evans, Miss S.....	69	Essex Avenue, Orange, N. J.
Faye, Miss A.....	139	Glenwood Avenue, East Orange, N. J.
Fehon, Miss W. M.....	449	Main Street, Orange, N. J.
Fuss, Miss A. J.....	53	Essex Avenue, Orange, N. J.
Gardner, Miss Bertha.....	512	Clinton Avenue, Newark, N. J.
Geyer, Miss E.....	53	Essex Avenue, Orange, N. J.
Greatsinger, Miss A. E.....	449	Main Street, Orange, N. J.
Gurney, Miss Kate.....	1700	Arch Street, Philadelphia, Pa.
Hambler, Mrs. J. B.....	18	Essex Avenue, Orange, N. J.
Hardon, Miss C. E.....	1	Evergreen Place, East Orange, N. J.
Hawkins, Miss E.....	69	Essex Avenue, Orange, N. J.
Heckel, Miss A.....	53	Essex Avenue, Orange, N. J.
Heinz, Miss A.....		Newton, N. J.
Henry, Miss Mary E.....	53	Essex Avenue, Orange, N. J.
Hobbs, Miss G. A.....	449	Main Street, Orange, N. J.
Hollister, Miss Cora.....		Ward Street, Orange, N. J.
Hull, Miss M. E.....	64	South Grove Street, East Orange, N. J.
Jack, Miss Delphine.....	475	Main Street, Orange, N. J.
Johnson, Miss Cornelia.....	1	Evergreen Place, East Orange, N. J.
Johnson, Miss M. E.....	1	Evergreen Place, East Orange, N. J.
Judd, Miss B.....		North Grove Street, East Orange, N. J.
Kavanagh, Miss M.....	475	Main Street, Orange, N. J.
Keller, Miss Ella S.....	1	Evergreen Place, East Orange, N. J.
Kennedy, Miss Jessie.....		South Orange, N. J.
Knudsen, Miss M. C.....	1	Evergreen Place, East Orange, N. J.
Layton, Miss Lottie.....	1	Evergreen Place, East Orange, N. J.
Lemrow, Mrs. Anna.....	500	Bloomfield Avenue, Montclair, N. J.
Leslie, Miss Aileen.....	436	Main Street, Orange, N. J.
Lyon, Miss Florence.....		P. O. Box 101, Boonton, N. J.
Mann, Mrs. Nettie B.....	3	Whitlesey Avenue, East Orange, N. J.
McDermott, Miss Elma.....		North Grove Street, East Orange, N. J.
Norwood, Miss N.....	1	Evergreen Place, East Orange, N. J.
Pettit, Miss Frances.....	449	Main Street, Orange, N. J.
Pierson, Miss Elizabeth.....	426	Main Street, East Orange, N. J.
Pike, Mrs. C. H.....		P. O. Box 113, Danielson, Conn.



Powers, Miss Jennie.....	23 West Thirtieth Street, New York City, N. Y.
Remington, Miss Gertrude.....	502 Bloomfield Avenue, Montclair, N. J.
Saunders, Miss S.....	475 Main Street, Orange, N. J.
Shelley, Miss M. E.....	103 Henry Street, Orange, N. J.
Simonds, Miss Grace.....	449 Main Street, Orange, N. J.
Simonson, Mrs. S. Vernol.....	53 Essex Avenue, Orange, N. J.
Sims, Miss F. M.....	449 Main Street, Orange, N. J.
Smith, Mrs. Frances.....	68 Henry Street, Orange, N. J.
Smith, Mrs. Minnie L.....	1 Evergreen Place, East Orange, N. J.
Squire, Miss M.....	27 South Twelfth Street, Newark, N. J.
Staples, Miss H.....	1 Evergreen Place, East Orange, N. J.
Stephen, Mrs. d'A.....	475 Main Street, Orange, N. J.
Stephen, Miss H. d'A.....	475 Main Street, Orange, N. J.
Stevens, Miss H. A.....	53 Essex Avenue, Orange, N. J.
Stewart, Mrs. Helen.....	103 Henry Street, Orange, N. J.
Swan, Miss Cora.....	53 Essex Avenue, Orange, N. J.
Tildesley, Miss E. M.....	Women's Hospital, New York City, N. Y.
Trimmer, Miss L.....	625½ Church Street, Memphis, Tenn.
Vernol, Miss Kathryn.....	53 Essex Avenue, Orange, N. J.
Welch, Miss Emma.....	53 Essex Avenue, Orange, N. J.
Woodward, Miss B. H.....	51 Cleveland Street, Orange, N. J.
Yerkes, Miss S. I.....	1 Evergreen Place, East Orange, N. J.
Zimmerman, Miss E. M.....	449 Main Street, Orange, N. J.

#### PATERSON GENERAL HOSPITAL ALUMNÆ.

Armstrong, Miss Mary.....	402 Fifteenth Avenue, Paterson, N. J.
Billmeyer, Miss Hancie.....	669 East Twenty-fourth Street, Paterson, N. J.
Blott, Miss Eleanor A.....	402 Fifteenth Avenue, Paterson, N. J.
Boyle, Mrs. Nellie Herbert.....	Arlington Street, Paterson, N. J.
Clark, Miss Geneva J.....	402 Fifteenth Avenue, Paterson, N. J.
Cochran, Miss Jean H.....	320 West Fifty-sixth Street, New York City, N. Y.
Cockroft, Miss Emily.....	402 Fifteenth Avenue, Paterson, N. J.
Deane, Miss Luella.....	351 Fifteenth Avenue, Paterson, N. J.
Demarest, Miss Florence.....	General Hospital, Paterson, N. J.
Edsall, Mrs. Anna Rood.....	12 Q Street, Northeast, Washington, D. C.
Ellis, Miss Eva.....	General Hospital, Paterson, N. J.
Farrar, Miss Bertha.....	26 West Street, Paterson, N. J.
Grundy, Miss Anna.....	General Hospital, Paterson, N. J.
Hastie, Miss Jennie.....	General Hospital, Paterson, N. J.
Healy, Miss Gertrude M.....	676 East Twenty-third Street, Paterson, N. J.
Kelley, Miss Evelyn C.....	General Hospital, Paterson, N. J.
Kiely, Miss Miria A.....	Coventry Centre, R. I.
Kyle, Miss Minerva.....	South Norwalk, Conn.
Lang, Miss Mary E.....	402 Fifteenth Avenue, Paterson, N. J.
Lawrence, Miss Carolyn E.....	402 Fifteenth Avenue, Paterson, N. J.
Lawson, Mrs. Elizabeth P...	46 Leytonstone Road, Stratford, Essex, London, Eng.
Layton, Miss Mary V.....	First Reserve Hospital, Manila, P. I.
Ludlum, Miss Maria H.....	Pompton, Passaic County, N. J.
Lynch, Miss Margaret.....	129 South Upper Street, Lexington, Ky.
Magill, Miss Katharine.....	158 Broadway, Paterson, N. J.
McDiarmid, Miss Annabel.....	467 Ellison Street, Paterson, N. J.



McEwen, Miss Agnes.....	711 East Eighteenth Street, Paterson, N. J.
McNeil, Miss Laura.....	25 Clinton Street, Paterson, N. J.
Murdy, Miss R. Louise.....	402 Fifteenth Avenue, Paterson, N. J.
O'Neil, Mrs. Mary E.....	711 East Eighteenth Street, Paterson, N. J.
Orr, Miss Margaret.....	Bayonne Hospital, Bayonne, N. J.
Osborne, Miss Frances K.....	686 East Eighteenth Street, Paterson, N. J.
Osborne, Miss Josephine.....	402 Fifteenth Avenue, Paterson, N. J.
Peterson, Mrs. Janette F.....	220 West One-hundred-and-Twenty-seventh Street, New York City, N. Y.
Pinkerton, Miss Elizabeth..	133 West Twenty-first Street, New York City, N. Y.
Post, Miss Elsie B.....	18 Hamilton Street, Paterson, N. J.
Shaw, Miss Mabel.....	Kingston, N. Y.
Shepherd, Mrs. Ruth Scribner.....	239 Seventeenth Avenue, Paterson, N. J.
Sherwood, Miss Margaret W.....	711 East Eighteenth Street, Paterson, N. J.
Slockbower, Miss Florence.....	711 East Eighteenth Street, Paterson, N. J.
Snider, Mrs. Maude M.....	402 Fifteenth Avenue, Paterson, N. J.
South, Miss Lillian....	Woman's Medical College, Twenty-first Street and North College Avenue, Philadelphia, Pa.
Spear, Miss Naneta.....	402 Fifteenth Avenue, Paterson, N. J.
Stansfield, Miss Mary J.....	Fleetwood, Berks County, Pa.
Tolton, Miss Olive.....	711 East Eighteenth Street, Paterson, N. J.
Vreeland, Miss Rosine.....	36 Howe Avenue, Passaic, N. J.
Weeden, Miss Mabel.....	14 South Sixth Street, New Bedford, Mass.
Welch, Miss Mary.....	711 East Eighteenth Street, Paterson, N. J.
Woodruff, Miss Laura H.....	711 East Eighteenth Street, Paterson, N. J.

ASSOCIATE MEMBERS.

Bender, Mrs. Mattie Ackerson.....	Silverton, San Juan County, Col.
McCulloch, Mrs. Kate Terhune.....	415 Graham Avenue, Paterson, N. J.
Schoonmaker, Mrs. Mary Hartley.....	Richfield, N. J.

HONORARY MEMBERS.

Ayers, Miss Eugenia D.....	195 Brown Street, Providence, R. I.
Johnston, Miss Annie E.....	400 Van Houten Street, Paterson, N. J.
Marsh, M.D., Elias J.....	600 Park Avenue, Paterson, N. J.
Newton, M.D., William K.....	379 Ellison Street, Paterson, N. J.
Rogers, M.D., Alex. W.....	285 Broadway, Paterson, N. J.
Van Riper, Cornelius S.....	718 North Raymond Avenue, Pasadena, Cal.

PENNSYLVANIA HOSPITAL ALUMNÆ.

Allen, Miss Laura J.....	Pennsylvania Hospital, Philadelphia, Pa.
Anderson, Miss Kate.....	1232 Walnut Street, Philadelphia, Pa.
Averill, Miss Mary D.....	Bar Harbor, Me.
Bell, Miss Ida.....	3900 Chestnut Street, Philadelphia, Pa.
Berry, Miss Nettie J.....	Pennsylvania Hospital, Philadelphia, Pa.
Bodine, Miss Mary H.....	243 Sixth Avenue, Brooklyn, N. Y.
Bollinger, Miss R. Adeline.....	1700 Summer Street, Philadelphia, Pa.
Bundy, Miss Ada.....	Dwight, Kan.
Cavileer, Miss Maida.....	2003 North Eighteenth Street, Philadelphia, Pa.
Cresap, Miss Helen T.....	Cook Hospital, Fairmount, W. Va.
Drake, Miss S. Eleanor.....	1608 Mt. Vernon Street, Philadelphia, Pa.



Emerick, Miss M. Mae.....	Municipal Hospital, No. 1, Havana, Cuba
Ernst, Miss Ada.....	2007 Fairmount Avenue, Philadelphia, Pa.
Flanagan, Miss Alice M.....	1608 Mt. Vernon Street, Philadelphia, Pa.
Forbes, Miss Stella.....	1342 Pine Street, Philadelphia, Pa.
Fullom, Miss Sara H.....	Thirteenth and Locust Streets, Philadelphia, Pa.
Garrett, Miss Alice M.....	Pennsylvania Hospital, Philadelphia, Pa.
Garrett, Miss Anna C.....	Cottage State Hospital, Mercer, Pa.
Gowdy, Miss Lillian M.....	Burlington, N. J.
Graham, Miss Kate V.....	1017 Pine Street, Philadelphia, Pa.
Graham, Miss Olive.....	Bar Harbor, Me.
Grayson, Miss Rebecca.....	4231 Wyalusing Avenue, Philadelphia, Pa.
Groff, Miss Anna B.....	Pennsylvania Hospital, Philadelphia, Pa.
Hailey, Miss Ellen L.....	Bryn Mawr College, Pa.
Hart, Miss Emilie S.....	Davisville, Pa.
Hennessy, Miss Agnes.....	240 North Lawrence Street, Philadelphia, Pa.
Huber, Miss Eva.....	Memorial Hospital, Johnstown, Pa.
Johnson, Miss Anna.....	1604 Allegheny Avenue, Philadelphia, Pa.
Kauffman, Miss Caroline.....	Municipal Hospital, Philadelphia, Pa.
Kaylor, Miss Rose.....	Loretto, Cambria County, Pa.
Knabb, Miss Mary C.....	Gynæcean Hospital, Philadelphia, Pa.
Kuhlman, Miss Matilda.....	1342 Pine Street, Philadelphia, Pa.
Kuler, Miss Mary.....	24 West Twenty-second Street, New York City, N. Y.
Limric, Miss Jessie Ellinwood.....	13 Belcher Street, Winthrop, Boston, Mass.
Lindberg, Miss Emma.....	Pennsylvania Hospital, Philadelphia, Pa.
Long, Miss Emma.....	1423 Walnut Street, Philadelphia, Pa.
Lysle, Miss Laura E.....	31 North Fifteenth Street, Philadelphia, Pa.
Mackintosh, Miss Rosalie.....	1418 Eutaw Place, Baltimore, Md.
Maybee, Miss Anna.....	144 West One-hundred-and-Twenty-eighth Street, New York City, N. Y.
McBride, Miss Janet F.....	Pennsylvania Hospital, Philadelphia, Pa.
McKay, Miss Nora.....	Lykens, Pa.
McMullin, Miss Sara.....	2009 Chestnut Street, Philadelphia, Pa.
Miller, Miss Emma F.....	Philadelphia, Pa.
Millspaugh, Miss Elizabeth.....	Marion, Ind.
Montgomery, Miss Margaret.....	3731 Locust Street, Philadelphia, Pa.
Mooney, Miss Alice.....	3112 North Fifteenth Street, Philadelphia, Pa.
Myers, Miss Ida.....	1923 Spruce Street, Philadelphia, Pa.
Neyman, Miss Elizabeth.....	1241 Monterey Street, Allegheny, Pa.
Norton, Miss Minnie.....	Hospital, Bar Harbor, Me.
O'Neal, Miss Margaret.....	133 Mayflower Street, East End, Pittsburg, Pa.
Osler, Miss Julia.....	Municipal Hospital, No. 1, Havana, Cuba
Pauline, Miss Mary M.....	Blackwood, Camden County, N. J.
Payne, Miss Ada (Honorary Member).....	Columbia, Mo.
Pearce, Miss Esther.....	1232 Walnut Street, Philadelphia, Pa.
Perkins, Miss Charlotte.....	Maternity Hospital, Tenth and Fitzwater Streets, Philadelphia, Pa.
Porger, Miss Mary J.....	1106 Walnut Street, Philadelphia, Pa.
Reed, Miss Rachel.....	Malvern, Pa.
Robbins, Miss Anna.....	New Egypt, Ocean County, N. J.
Smith, Miss Clara.....	347 Fort Street, West Detroit, Mich.
Smith, Miss Edith E.....	1210 Spruce Street, Philadelphia, Pa.



Smith, Miss Martha.....	454 Lyceum Avenue, Roxborough, Philadelphia, Pa.
Strathie, Miss Christina.....	Highland, N. J.
Trappe, Miss Mary E.....	3442 Pine Street, Philadelphia, Pa.
Van Zeller, Miss Harriet...	Corner Twelfth and Spruce Streets, Philadelphia, Pa.
Walcott, Miss Hannah.....	Pennsylvania Hospital, Philadelphia, Pa.
Walker, Miss Elizabeth.....	Municipal Hospital, No. 1, Havana, Cuba
Walker, Miss Lucy.....	Pennsylvania Hospital, Philadelphia, Pa.
White, Miss Ida B.....	1808 Diamond Street, Philadelphia, Pa.
Whiteman, Miss Elizabeth.....	801 Jefferson Street, Wilmington, Del.
Wilson, Miss Jennie.....	
Wirth, Miss Anna.....	Bryn Mawr, Pa.
Wood, Miss Linda.....	
Wyckoff, Miss Alice.....	

## PRESBYTERIAN HOSPITAL ALUMNÆ, NEW YORK.

Alling, Mrs. Stephen.....	Berlin, Conn.
Ambrose, Miss Edith.....	917 Broadway, New York, care of Mr. H. Park
Baldwin, Miss I.....	The Foundling, New York City, N. Y.
Beatty, Miss Ariminta W.....	28 West Twelfth Street, New York City, N. Y.
Beebe, Miss Mina B.....	834 Lexington Avenue, New York City, N. Y.
Bellinger, Miss Georgia.....	1185 Lexington Avenue, New York City, N. Y.
Bigelow, Miss G. L.....	54 West Eighty-third Street, New York City, N. Y.
Bovaird, Mrs. David.....	126 West Fifty-eighth Street, New York City, N. Y.
Brown, Mrs. Cowdrey.....	23 East Forty-fourth Street, New York City, N. Y.
Brown, Miss M. M.....	36 East Thirty-seventh Street, New York City, N. Y.
Burtis, Miss Harriet.....	54 West Eighty-third Street, New York City, N. Y.
Cadmus, Miss Nancy E.....	Faxton Hospital, Utica, N. Y.
Cameron, Miss Grace J.....	54 West Eighty-third Street, New York City, N. Y.
Cammarm, Mrs. D. M.....	84 Irving Place, New York City, N. Y.
Carpenter, Miss Frances W.....	54 West Eighty-third Street, New York City, N. Y.
Christie, Mrs. Janet B.....	54 West Eighty-third Street, New York City, N. Y.
Clapp, Miss E. T.....	Montclair, N. J.
Clark, Miss Ruth G.....	44 East Twenty-ninth Street, New York City, N. Y.
Clatworthy, Miss Emily.....	45 Coddington Street, Yonkers, N. Y.
Claxton, Miss Helen C.....	1035 Lexington Avenue, New York City, N. Y.
Coull, Miss Ida E.....	219 West Eighty-third Street, New York City, N. Y.
Davidson, Miss Anna A.....	219 West Eighty-third Street, New York City, N. Y.
Davidson, Miss Elizabeth T.....	Catonsville, Butler County, Md.
De Bard, Mrs. H. D.....	320 Manhattan Avenue, New York City, N. Y.
Deinstadt, Miss Anna W.....	54 West Eighty-third Street, New York City, N. Y.
Dunkel, Mrs. W. A.....	150 West Forty-fourth Street, New York City, N. Y.
Erdall, Mrs. Oscar W.....	The Hanover, 834 West End Avenue, New York City, N. Y.
Fahrman, Miss Elizabeth.....	6 Rue Freycinet, Paris, France
Fergusson, Miss Jesse.....	54 West Eighty-third Street, New York City, N. Y.
Fletcher, Miss Anna B.....	54 West Eighty-third Street, New York City, N. Y.
Forbes, Miss Louise M.....	153 Carnegie Hall, New York City, N. Y.
Gibson, Miss Harriet B.....	930 West End Avenue, New York City, N. Y.
Gilfillan, Miss Mary.....	202 West Seventy-eighth Street, New York City, N. Y.
Golditz, Mrs. J.....	8 Morningside Park, New York City, N. Y.
Granger, Miss Edith.....	331 West Fifty-fifth Street, New York City, N. Y.



Grant, Miss Florence M.....	168 Mill Street, London, Ontario, Can.
Grant, Miss Janet G.....	Moses Taylor Hospital, Scranton, Pa.
Hamilton, Miss Margaret...	54 West Eighty-third Street, New York City, N. Y.
Hartwell, Miss A. L.....	54 West Eighty-third Street, New York City, N. Y.
Hastings, Miss E. B.....	62 East Fifty-fourth Street, New York City, N. Y.
Hatton, Miss Agnes E.....	30 East Thirty-third Street, New York City, N. Y.
Hesselberg, Mrs. Laura.....	35 East Sixty-second Street, New York City, N. Y.
Hoffman, Miss Rose.....	Presbyterian Hospital, 41 East Seventieth Street, New York City, N. Y.
Houghton, Miss A. B.....	Presbyterian Hospital, 41 East Seventieth Street, New York City, N. Y.
Hughes, Miss Emmeline B..	54 West Eighty-third Street, New York City, N. Y.
Hyde, Miss Lora A.....	Sloane Hospital, New York City, N. Y.
Jayne, Miss Alice.....	Tarrytown, N. Y.
Kilpatrick, Miss Gertrude E.....	281 Lexington Avenue, New York City, N. Y.
Koch, Mrs. Hans.....	Hellerupgard, Hellerup Station, Copenhagen, Denmark
Kuroski, Miss Emma A.....	28 West Twelfth Street, New York City, N. Y.
Laidlaw, Miss Helen.....	54 West Eighty-third Street, New York City, N. Y.
Letham, Miss Anna P.....	6 Rue Freycinet, Paris, France
Livermore, Miss Harrietta..	54 West Eighty-third Street, New York City, N. Y.
MacArthur, Miss Harriet.....	28 West Twelfth Street, New York City, N. Y.
Martin, Miss Josephine.....	Lariten Annadale, Belfast, Ireland
McClure, Miss Martha.....	1409 Central Avenue, Indianapolis, Ind.
McGuinness, Mrs. J.....	Chester, N. Y.
Melville, Miss Mary.....	54 West Eighty-third Street, New York City, N. Y.
Mewhart, Miss Jessie W....	54 East Forty-ninth Street, New York City, N. Y.
Moore, Miss Grace E.....	44 West Twenty-ninth Street, New York City, N. Y.
Morley, Miss Rye.....	Care of Dr. R. E. Miller, St. Thomas, Ontario, Can.
Murphy, Miss M. F.....	255 West Ninety-second Street, New York City, N. Y.
Needler, Mrs. G.....	52 Arverne Road, Toronto, Can.
Newman, Miss Inez A....	111 East Twenty-eighth Street, New York City, N. Y.
Nichols, Miss Kathleen....	54 West Eighty-third Street, New York City, N. Y.
O'Dell, Miss A. Gertrude....	Columbian University Hospital, Washington, D. C.
Oliver, Miss J. Rutherford.....	Goodrich, Ontario, Can.
Paterson, Miss.....	331 West Fifty-fifth Street, New York City, N. Y.
Pearce, Miss Etha E.....	372 Lexington Avenue, New York City, N. Y.
Pearsall, Miss Sara F.....	11 Bradley Street, Watertown, N. Y.
Perrigo, Miss Alice M.....	Nassau Hospital, Mineola, L. I.
Pope, Miss Amy E.....	Moses Taylor Hospital, Scranton, Pa.
Reilly, Miss I. K.....	315 West Ninety-fourth Street, New York City, N. Y.
Richardson, Mrs. G.....	300 West Ninety-fourth Street, New York City, N. Y.
Ripley, Mrs. L.....	116 West Fifty-eighth Street, New York City, N. Y.
Rippard, Miss Kate L.....	2429 West North Avenue, Baltimore, Md.
Russell, Miss E.....	Care of Brown, Shipley & Co., London, G. B.
Ryder, Miss Lucy F.....	54 West Eighty-third Street, New York City, N. Y.
Salling, Miss Camilla.....	Longfellow Hall, West One-hundred-and-Twentieth Street, New York City, N. Y.
Schleoler, Miss Margretha.....	Hellerupgaard, Hellerup Statun, Copenhagen, Denmark
Schoonmaker, Mrs. F.....	40 Wendall Avenue, Schenectady, N. Y.
Seaborn, Miss Alice.....	54 West Eighty-third Street, New York City, N. Y.



- Simpson, Miss Alexandrina. 49 West Thirty-eighth Street, New York City, N. Y.  
 Smith, Miss Gertrude. . . . . Presbyterian Hospital, 41 East Seventieth Street,  
 New York City, N. Y.  
 Spencer, Miss Katherine B. 219 West Eighty-third Street, New York City, N. Y.  
 Spencer, Miss Sophia E. . . . . Laura Franklin Home, New York City, N. Y.  
 Stewart, Miss Elizabeth. . . . . 28 West Twelfth Street, New York City, N. Y.  
 Stone, Miss Edith H. . . . . 147 West One-hundred-and-Eleventh Street,  
 New York City, N. Y.  
 Stone, Miss Frances A. . . . . Presbyterian Hospital, 41 East Seventieth Street,  
 New York City, N. Y.  
 Strain, Miss Gertrude E. . . . 17 East Thirty-first Street, New York City, N. Y.  
 Strain, Miss Sara. . . . . Presbyterian Hospital, 41 East Seventieth Street,  
 New York City, N. Y.  
 Stryker, Miss Caroline. . . . . 154 Styles Street, Elizabeth, N. J.  
 Urquhart, Miss M. . . . . 41 East Seventieth Street, New York City, N. Y.  
 Thayer, Mrs. . . . . Scarsdale, N. Y.  
 Townsend, Miss Cordelia. . . . 54 West Eighty-third Street, New York City, N. Y.  
 Tsilka, Mrs. G. . . . . Koetcha, Albina, Turkey  
 Tyger, Miss Emma E. . . . . New Germantown, N. J.  
 Van Cleft, Miss Henrietta. . . . 265 Henry Street, New York City, N. Y.  
 Van Kirk, Miss Anne D. . . . . Sloane Hospital, West Fifty-ninth Street,  
 New York City, N. Y.  
 Veeder, Miss Alminia. . . . 33 East Thirty-seventh Street, New York City, N. Y.  
 Vinton, Mrs. George W. . . . . Mills Training-School, New York City, N. Y.  
 Voorhees, Miss Cornelia. . . . . Morristown, N. J.  
 Walker, Miss Mabel. . . . . 35 East Sixty-second Street, New York City, N. Y.  
 Weatherston, Miss Frances. . . . 18 Bathurst Street, Toronto, Can.  
 Webster, Miss Charlotte. . . . 219 West Eighty-third Street, New York City, N. Y.  
 Weiss, Miss Henrietta L. . . . . 1164 Forest Avenue, Borough of Bronx, N. Y.  
 Welsh, Miss Lillian. . . . . 6 Rue Freycinet, Paris, France  
 White, Miss Frances A. . . . . 186 Lexington Avenue, New York City, N. Y.  
 White, Miss F. R. . . . . Fort Hancock, Sandy Hook, N. Y.  
 White, Miss Muriel R. . . . . 1230 Amsterdam Avenue, New York City, N. Y.  
 Whitelaw, Miss. . . . . 18 Lincoln Street, Montclair, N. J.  
 Wilson, Miss S. . . . . 1431 Madison Avenue, New York City, N. Y.  
 Wyman, Miss E. T. . . . . 54 West Eighty-third Street, New York City, N. Y.

## PRESBYTERIAN HOSPITAL ALUMNÆ, PHILADELPHIA, PA.

- Ambler, Miss Josephine. . . . . 400 South Ninth Street, Philadelphia, Pa.  
 Anders, Mrs. Mabel G. . . . . 1836 Wallace Street, Philadelphia, Pa.  
 Andrews, Miss Edith. . . . . Princeton, N. J.  
 Barkla, Miss Harriet. . . . . 1040 Sixth Avenue, Huntingdon, W. Va.  
 Baugh, Miss Florence. . . . . Waldeck Sanitarium, 717 Jones Street,  
 San Francisco, Cal.  
 Bennett, Miss Marion. . . . . Spreckelsville, Maui, Hawaiian Islands  
 Brown, Miss Katherine. . . . . Waldeck Sanitarium, 717 Jones Street,  
 San Francisco, Cal.  
 Champion, Miss Mary. . . . . Gorgas Street, Germantown, Philadelphia, Pa.  
 Chapin, Miss Mary. . . . . 29 Buckingham Street, Hartford, Conn.  
 Close, Miss Marie. . . . . Presbyterian Hospital, Philadelphia, Pa.  
 Cochran, Mrs. H. . . . . Shenango Valley Hospital, New Castle, Pa.



Cook, Miss F.....	1710 Race Street, Philadelphia, Pa.
Cope, Miss A.....	18 North Thirty-eighth Street, Philadelphia, Pa.
Criss, Miss L. V.....	18 North Thirty-eighth Street, Philadelphia, Pa.
Crossett, Miss S.....	431 Holly Street, Philadelphia, Pa.
Davenport, Miss C.....	Care of Presbyterian Hospital, Philadelphia, Pa.
Dufford, Miss C.....	22 North Thirty-ninth Street, Philadelphia, Pa.
Dunlap, Miss M.....	3725 Powelton Avenue, Philadelphia, Pa.
Dunlop, Miss Margaret.....	Presbyterian Hospital, Philadelphia, Pa.
Fisher, Miss O.....	13 Grove Avenue, Oil City, Pa.
Forward, Miss E.....	417 North Fortieth Street, Philadelphia, Pa.
Foster, Miss E. A.....	Presbyterian Mission Hospital, Miraj, India
Gile, Miss E.....	Huston Memorial Hospital, Coatesville, Pa.
Grittinger, Miss E. E.....	Presbyterian Hospital, Philadelphia, Pa.
Happersett, Miss C. W.....	1216 Connecticut Avenue, Washington, D. C.
Heller, Miss L. M.....	McKeesport Hospital, McKeesport, Pa.
Hench, Miss M. L.....	1515 Marion Street, Columbia, S. C.
Herbertson, Miss M.....	Madison Avenue, McKeesport, Pa.
Herbst, Miss E.....	417 North Fortieth Street, Philadelphia, Pa.
Hess, Miss A. S.....	Presbyterian Hospital, Philadelphia, Pa.
Hester, Miss E. L.....	4273 Viola Street, Philadelphia, Pa.
Hodgman, Miss A.....	Washington Street, Wilmington, Del.
Holmes, Mrs.....	Waterbury, Conn.
Hostetter, Miss F.....	4273 Viola Street, Philadelphia, Pa.
Howard, Miss C.....	56 North Thirty-eighth Street, Philadelphia, Pa.
Ives, Mrs. Harold.....	11 Euclid Avenue, Summit, N. J.
Kelly, Miss E.....	4273 Viola Street, Philadelphia, Pa.
Kumm, Miss A. E.....	527 Avery Street, Allegheny, Pa.
Lantz, Miss A. K.....	Municipal Hospital, Philadelphia, Pa.
League, Mrs. H.....	3720 Baring Street, Philadelphia, Pa.
Ley, Miss A.....	2036 East York Street, Philadelphia, Pa.
Lisle, Miss A.....	Pennsylvania Hospital, Philadelphia, Pa.
Longenecker, Miss E.....	Presbyterian Hospital, Philadelphia, Pa.
Longshore, Miss B.....	1305 Locust Street, Philadelphia, Pa.
Manly, Miss J.....	Care of Children's Hospital, Philadelphia, Pa.
Mann, Miss D. B.....	Williamsport Hospital, Williamsport, Pa.
McCowan, Miss A. E.....	Cathcart Home, Devon, Pa.
Miller, Miss A. B.....	18 North Thirty-eighth Street, Philadelphia, Pa.
Milliken, Miss E.....	North Pacific Sanitarium, Portland, Ore.
Milne, Miss C. I.....	Presbyterian Hospital, Philadelphia, Pa.
Monie, Miss E.....	417 North Fortieth Street, Philadelphia, Pa.
Mowbray, Miss M.....	3902 Powelton Avenue, Philadelphia, Pa.
Neeb, Miss A.....	3902 Powelton Avenue, Philadelphia, Pa.
Nesbit, Miss E.....	23 Saunders Avenue, Philadelphia, Pa.
Paul, Miss M.....	2511 Douglas Street, Philadelphia, Pa.
Phillips, Miss A.....	St. David's, Pa.
Pierson, Miss A. E.....	Allegheny General Hospital, Allegheny, Pa.
Randall, Miss H.....	Presbyterian Hospital, Philadelphia, Pa.
Reifsneider, Miss M. A.....	Delaware Hospital, Wilmington, Del.
Revell, Miss M. G.....	Presbyterian Hospital, Philadelphia, Pa.
Savage, Mrs. William.....	3944 Powelton Avenue, Philadelphia, Pa.
Shearer, Miss M.....	944 Mercy Avenue, Brooklyn, N. Y.



Shultz, Miss E. R.....	23 Saunders Avenue, Philadelphia, Pa.
Small, Miss E. C.....	Harrisburg, Pa.
Smith, Miss A. W.....	1818 Arch Street, Philadelphia, Pa.
Stem, Miss M.....	The Portner, Fifteenth and N Streets, Washington, D. C.
Stirk, Miss A. H.....	1312 Spruce Street, Philadelphia, Pa.
Stout, Miss A. M.....	Mercer Hospital, Trenton, N. J.
Strathie, Miss M.....	Presbyterian Hospital, Allegheny, Pa.
Stuart, Miss M.....	3809 Baring Street, Philadelphia, Pa.
Tait, Miss G.....	1710 Race Street, Philadelphia, Pa.
Thatcher, Miss G.....	4830 Baltimore Avenue, Philadelphia, Pa.
Troesch, Miss E.....	4536 Sansom Street, Philadelphia, Pa.
Van Loan, Miss M.....	3929 Locust Street, Philadelphia, Pa.
Wardell, Miss J.....	Huston Memorial Hospital, Coatesville, Pa.
Wardell, Miss L.....	Presbyterian Hospital, Philadelphia, Pa.
Whitten, Miss E.....	828 Windsor Square, Philadelphia, Pa.
Wicker, Miss N.....	Farmville, Va.
Wright, Miss E.....	Care of Presbyterian Hospital, Philadelphia, Pa.
Xander, Miss S. E.....	417 North Fortieth Street, Philadelphia, Pa.

#### PROTESTANT EPISCOPAL HOSPITAL ALUMNÆ, PHILADELPHIA.

Adams, Miss Elizabeth.....	1331 Corcoran Street, N. W., Washington, D. C.
Allen, Miss Emily.....	Episcopal Hospital, Philadelphia, Pa.
Allen, Miss Maria P.....	309 South Sixteenth Street, Philadelphia, Pa.
Archdeacon, Miss Mary V.....	1637 Arch Street, Philadelphia, Pa.
Bailey, Miss Jessie L.....	9 East Twenty-first Street, Paterson, N. J.
Baum, Miss Pauline V.....	2106 Sedgely Street, Philadelphia, Pa.
Berger, Miss Bertha D.....	Catonsville, Md.
Bietsch, Miss Charlotte M.....	26 South Franklin Street, Chambersburg, Pa.
Bradford, Miss Anne D.....	2230 Grand Avenue, Pueblo, Cal.
Bricker, Miss Mary Grace.....	Chambersburg, Pa.
Burkheimer, Miss Martha W.....	Maud, Pa.
Cates, Miss Mattie.....	401 Liberty Street, W., Savannah, Ga.
Cazaux, Miss Rosa.....	218 South Third Street, Wilmington, N. C.
Cresson, Miss Caroline C.....	Norristown, Pa.
Crew, Miss Harriet L.....	1329 Spruce Street, Philadelphia, Pa.
Crossland, Miss Nellie F.....	Superintendent St. Mark's Hospital, Salt Lake City, Utah
Darby, Miss Katherine B.....	1522 North Twentieth Street, Philadelphia, Pa.
De Muth, Miss Frances M.....	150 North Fifteenth Street, Philadelphia, Pa.
Dotter, Miss Otilie E.....	Omaha, Neb.
Douglas, Miss Agnes A.....	Auburn, N. Y.
Essner, Miss Mary E.....	1133 Girard Avenue, Philadelphia, Pa.
Foster, Miss Ellen W.....	222 East Main Street, Bradford, Pa.
Fowler, Miss Margaret W.....	1702 Arch Street, Philadelphia, Pa.
Free, Miss Louisa K.....	814 West Norris Street, Philadelphia, Pa.
Gable, Miss Nettie M.....	43 East Market Street, Chambersburg, Pa.
German, Miss Mary E.....	Protestant Episcopal Hospital, Philadelphia, Pa.
Glover, Miss Lucy I.....	Graysville, Ill.
Goddard, Miss Josephine.....	320 South Eleventh Street, Philadelphia, Pa.
Haines, Miss Annie S.....	1218 Locust Street, Philadelphia, Pa.
Hall, Miss Genevieve.....	707 Spruce Street, Philadelphia, Pa.



Hanson, Miss Elizabeth.....	Box 25, Overbrook, Pa.
Harris, Miss Mary E.....	216 South Forty-third Street, Philadelphia, Pa.
Harrison, Miss Mabel.....	Williamsport, Pa.
Havens, Miss Ada H.....	Protestant Episcopal Hospital, Philadelphia, Pa.
Henning, Miss Anna S.....	604 East High Street, Pottstown, Pa.
Hinson, Miss Estelle E.....	Kenansville, Duplin County, N. C.
Hoover, Miss Louisa C.....	1439 North Thirteenth Street, Philadelphia, Pa.
Howard, Miss Laura D.....	31 Dartmouth Street, Boston, Mass.
Humphrey, Miss Mary.....	1007 Jersey Street, Elizabeth, N. J.
Ives, Miss Amelia.....	334 George Street, New Brunswick, N. J.
Jackson, Miss Rebecca.....	Overbrook, Pa.
Johnson, Miss Elizabeth R.....	504 South Thirty-second Street, Philadelphia, Pa.
Johnston, Miss Mary.....	1702 Arch Street, Philadelphia, Pa.
Jolly, Miss Rebecca M.....	Superintendent City Hospital, Columbia, S. C.
Kind, Miss Anna M.*	
Kitchen, Miss Georgiana O.....	2028 Poplar Street, Philadelphia, Pa.
Knok, Miss Blanche.....	Protestant Episcopal Hospital, Philadelphia, Pa.
Koon, Miss Katharine D...	Superintendent St. Peter's Hospital, Charlotte, N. C.
Leonhardt, Miss Elizabeth M.....	Dr. Fryes's Sanitarium, Washington, D. C.
Lingenfelter, Miss Marion D.....	203 Division Street, Amsterdam, N. Y.
Littlefield, Miss Mary S. (Honorary Member).....	Superintendent Episcopal Hospital, Philadelphia, Pa.
MacCulley, Miss Margaret G.....	249 North Eighteenth Street, Philadelphia, Pa.
MacLatchie, Miss Agnes.....	1702 Arch Street, Philadelphia, Pa.
Mather, Miss Susanna B.....	Radnor, Pa.
Matthews, Miss M. Florence.....	1637 Arch Street, Philadelphia, Pa.
Meehan, Miss Edna H.....	8200 Frankford Avenue, Holmesburg, Pa.
Montgomery, Miss Elmira.....	1702 Arch Street, Philadelphia, Pa.
Morgan, Miss Minnie A.....	729 South Lawrence Street, Montgomery, Ala.
Morris, Miss Mary.....	Protestant Episcopal Hospital, Philadelphia, Pa.
Mutchler, Miss S. Maud.....	3034 Diamond Street, Philadelphia, Pa.
Nesbitt, Miss Annie C.....	729 South Lawrence Street, Montgomery, Ala.
Noetling, Miss Clara J.....	Protestant Episcopal Hospital, Philadelphia, Pa.
Otto, Miss Carrie M.....	Northumberland, Pa.
Page, Miss Lydia M.....	2407 Chester Avenue, Bokersfield, Cal.
Parker, Miss Harriet E.....	2443 Franklin Street, Philadelphia, Pa.
Paulus, Miss Jeanette M.....	1133 Suttrel Avenue, Knoxville, Tenn.
Pierce, Miss Ida M.....	32 Addison Street, Arlington, Mass.
Pilkington, Miss Alice A.....	2815 North Eleventh Street, Philadelphia, Pa.
Rainier, Miss Lucy W.....	Superintendent Sharon Hospital, East State Street, Sharon, Pa.
Rennyson, Miss Nellie M.....	Superintendent St. Christopher's Hospital, Philadelphia, Pa.
Rorke, Miss Gertrude.....	1329 Spruce Street, Philadelphia, Pa.
Roseberry, Miss Blanch D.....	2228 Page Street, Philadelphia, Pa.
Royer, Miss Clara V.....	410 East State Street, Redlands, Cal.
Shaw, Miss Anna M.....	1232 Girard Avenue, Philadelphia, Pa.
Sberry, Miss Rebecca K.....	High Bridge, N. J.
Sieber, Miss Nora V.....	Van Wert, Pa.
Sinsabaugh, Miss Adeline B.....	103 Starr Street, San Antonio, Tex.
Smith, Miss Mary E.....	Protestant Episcopal Hospital, Philadelphia, Pa.

\* Deceased.



Smithers, Miss Vestie B.....	94 West Newton Street, Boston, Mass.
Spadone, Miss Helen C.....	1039 Jackson Street, Philadelphia, Pa.
Stewart, Miss Rubie S.....	1522 North Twentieth Street, Philadelphia, Pa.
Stockton, Miss Alice P.....	2010 Hillyeo Place, Washington, D. C.
Thomas, Miss Margaret A.....	Protestant Episcopal Hospital, Philadelphia, Pa.
Van Vliet, Miss Addie.....	Chambersburg, Pa.
Voswinkel, Miss Bertha M....	152 West Sixty-fifth Street, New York City, N. Y.
Wahl, Miss Clara.....	Protestant Episcopal Hospital, Philadelphia, Pa.
Walker, Miss Emma J.....	308 Center Avenue, Butler, Pa.
Weber, Miss Evadora.....	Nashville, Tenn.
Willard, Miss Sarah R.....	217 North Twentieth Street, Philadelphia, Pa.
Williams, Miss Lenora C.....	1609 Lehigh Avenue, Philadelphia, Pa.
Wright, Miss Sara A.....	414 South Broad Street, Philadelphia, Pa.
Würtele, Miss Pauline.....	2409 Warnock Street, Philadelphia, Pa.
Yewens, Miss Anne.....	Miss Baldwin's School, Bryn Mawr, Pa.

RHODE ISLAND HOSPITAL ALUMNÆ.

Andrews, Miss Louise.....	334 Broad Street, Providence, R. I.
Angell, Miss Annie.....	27 Edson Street, Dorchester, Mass.
Appleyard, Miss Nellie.....	141 Benefit Street, Providence, R. I.
Ayres, Miss Eugenia D.....	195 Brown Street, Providence, R. I.
Beckwith, Miss Lottie.....	Soldiers' Hospital, Moroton Heights, Conn.
Black, Miss M. E.....	St. Mary's, Pa.
Bolles, Miss Emma.....	68 Broadway, Providence, R. I.
Breed, Miss Josephine L.....	14 Pallas Street, Providence, R. I.
Brown, Mrs. Annie.....	24 Maple Street, Woonsocket, R. I.
Bryden, Miss Margaret.....	Stoney Brook, Mass.
Campbell, Miss A. Rose.....	City Hospital, Ithaca, N. Y.
Cassin, Miss Margaret.....	242 Broad Street, Providence, R. I.
Chace, Miss Mary C.....	241 Washington Street, Providence, R. I.
Clark, Miss E. J.....	Newton, Robinson, Ontario, Can.
Clark, Miss Jean.....	Brampton, Ontario, Can.
Clune, Miss Annie.....	St. Elizabeth's Hospital, Boston, Mass.
Connole, Mrs. Mary.....	36 George Street, Providence, R. I.
Crooker, Mrs. Katherine.....	38 Linden Street, Allston, Mass.
Deming, Mrs. T. D.....	Warwick Neck, R. I.
Diman, Mrs. William C.....	73 Vernon Street, Providence, R. I.
Dunphy, Miss Mabel.....	73 Olive Street, Providence, R. I.
Fitzpatrick, Miss Winnie.....	Rhode Island Hospital, Providence, R. I.
Flemming, Miss Elizabeth.....	Rhode Island Hospital, Providence, R. I.
Fraser, Miss Belle.....	241 Washington Street, Providence, R. I.
Freeman, Miss Olive.....	242 Broad Street, Providence, R. I.
French, Miss Martha.....	241 Washington Street, Providence, R. I.
Gardner, Miss Marietta.....	63 Vernon Street, Providence, R. I.
Gerow, Miss Areta.....	82 East Seventy-seventh Street, New York City, N. Y.
Gertsch, Miss Bertha .....	Luzon, P. I.
Gillespie, Miss.....	257 Broadway, Providence, R. I.
Gowing, Mrs. Fred.....	Belmont, Mass.
Grant, Miss Belle.....	62 Stewart Street, Providence, R. I.
Grant, Miss Kate.....	62 Stewart Street, Providence, R. I.



Grant, Miss Minnie.....	77 Rolf Street, Auburn, R. I.
Grieve, Miss Helen.....	36 George Street, Providence, R. I.
Hall, Dr. Lucy Barney.....	Hyde Park, Mass.
Hamilton, Miss Kathleen.....	137 Camp Street, Providence, R. I.
Hannappel, Miss Louise.....	137 Camp Street, Providence, R. I.
Hayden, Mrs. Sarah.....	Augusta City Hospital, Augusta, Me.
Hendry, Miss Mina.....	36 George Street, Providence, R. I.
Henrickson, Miss Anna.....	Ware, Mass.
Hills, Miss M. Grace.....	General Hospital, Lewiston, Me.
Hogg, Miss Jane.....	242 Broad Street, Providence, R. I.
Horton, Miss Eunice.....	Beverly Hospital, Beverly, Mass.
Huling, Mrs. E.....	63 Prairie Avenue, Providence, R. I.
Hull, Miss Mary.....	257 Broadway, Providence, R. I.
Hunt, Mrs. Grace H.....	Cranston, R. I.
Irish, Miss Sallie.....	97 Central Street, Providence, R. I.
Jamer, Miss E.....	Gladwyn, New Brunswick, Can.
Kenny, Miss Ellen A.....	78 Broad Street, Providence, R. I.
Leach, Mrs. Sarah.....	Providence, R. I.
Lee, Miss Annie P.....	24 Bay View Avenue, Newport, R. I.
Leibenstein, Miss Catherine.....	242 Broad Street, Providence, R. I.
Linton, Miss Jennie.....	62 Stewart Street, Providence, R. I.
Logan, Miss Mary.....	62 Stewart Street, Providence, R. I.
Louden, Miss Sarah.....	62 Stewart Street, Providence, R. I.
Loughead, Miss Harriet.....	43 Providence Street, Providence, R. I.
Matherson, Miss Jessie.....	Rhode Island Hospital, Providence, R. I.
McCarthy, Miss K. E.....	56 Abbott Street, Providence, R. I.
McClinton, Mrs. M. E.....	Black Bank, Ontario, Can.
McCorkle, Miss Alice.....	Sockarmosset School, Howard, R. I.
McLaren, Miss Belle.....	36 George Street, Providence, R. I.
McLoughlin, Miss Helen.....	Brooklyn, N. Y.
McNaughton, Miss Bessie.....	Havana, Cuba
McPherson, Miss Margaret.....	78 Broad Street, Providence, R. I.
Mitchell, Miss Elizabeth.....	5 Harrison Street, Providence, R. I.
Montague, Miss Esther.....	The Savoy, Rochester, N. Y.
Morgan, Miss E. A.....	74 Farmington Avenue, Hartford, Conn.
Morrison, Miss Florence.....	62 Stewart Street, Providence, R. I.
Munroe, Miss Jeannette.....	78 Broad Street, Providence, R. I.
Nightingale, Miss Minnie...	College of Physicians and Surgeons, Milwaukee, Wis.
O'Brien, Miss Annie.....	137 Camp Street, Providence, R. I.
Parker, Mrs. Madison.....	Littleton, N. H.
Paterson, Miss Mary H.....	Beverly Hospital, Beverly, Mass.
Pierce, Miss Hattie.....	Rhode Island Hospital, Providence, R. I.
Pine, Miss Cluette.....	Central Falls, R. I.
Potter, Miss Agnes.....	201 Angell Street, Providence, R. I.
Prarey, Miss Clara.....	8 Prospect Street, Providence, R. I.
Quinn, Miss Kate E.....	78 Broad Street, Providence, R. I.
Quinn, Miss Mary A.....	78 Broad Street, Providence, R. I.
Rittenhouse, Miss Jessie.....	165 Charles Street, Boston, Mass.
Robinson, Miss.....	5 Harrison Street, Providence, R. I.
Roebuck, Miss.....	205 Waterman Street, Providence, R. I.
Ross, Miss Barbara.....	78 Broad Street, Providence, R. I.



Ross, Miss Mary.....	78 Broad Street, Providence, R. I.
Schurman, Miss May.....	78 Broad Street, Providence, R. I.
Seinerts, Miss Wilhelmina.....	62 Stewart Street, Providence, R. I.
Sheehan, Miss Lena.....	125 Governor Street, Providence, R. I.
Sherman, Miss L. F.....	Portsmouth, R. I.
Silvius, Miss Sara.....	231 East Eighteenth Street, New York City, N. Y.
Sprague, Mrs. Julia.....	Oaklawn, R. I.
Stafford, Miss Ellen.....	1 Poplar Place, Boston, Mass.
Sullivan, Miss Hannah.....	174 Courtland Street, Providence, R. I.
Sutcliff, Mrs. Adam.....	47 Allen Avenue, Pawtucket, R. I.
Taylor, Miss Gertrude.....	Rhode Island Hospital, Providence, R. I.
Towle, Miss Emily S.....	169 Hope Street, Providence, R. I.
Urquhart, Miss Annie.....	Providence, R. I.
Walker, Miss Annie Z.....	78 Broad Street, Providence, R. I.
Weaver, Miss Ella.....	43 Hammond Street, Providence, R. I.
Wilson, Miss Margaret.....	43 Hammond Street, Providence, R. I.
Wood, Miss Margaret....	48 West Twenty-seventh Street, New York City, N. Y.
Yuill, Mrs. Annie.....	503 Washington Street, Providence, R. I.

ROCHESTER CITY HOSPITAL ALUMNÆ.

Ayers, Miss Cornelia.....	55 Frost Avenue, Rochester, N. Y.
Blatchley, Miss Martha.....	Canada
Bovaird, Miss Elizabeth.....	17 Fulton Avenue, Rochester, N. Y.
Brooks, Miss Adelaide.....	Rochester City Hospital, Rochester, N. Y.
Brooks, Miss Mary.....	St. Faith's Hospital, Saratoga, N. Y.
Burke, Miss Helen.....	Santa Barbara, Cal.
Burroughs, Miss Grace.....	2 Bacon Street, Rochester, N. Y.
Bush, Miss Phoebe.....	372 East Avenue, Rochester, N. Y.
Capwell, Miss Charlotte J.....	Dale, N. Y.
Cartwright, Miss Adelaide (married).....	
Cartwright, Miss Maude M. (married).....	Canada
Collins, Mrs. Adelaide.....	Mertensia, N. Y.
Cooper, Mrs. M. Somer.....	
Connor, Miss E. V.....	552 Grand Avenue, Rochester, N. Y.
Corby, Miss Jennie.....	Honeoye Falls, N. Y.
Cowles, Miss A. B.....	Rochester, N. Y.
Cunningham, Miss J. J.....	Ennotville, Can.
Dickson, Miss Josie.....	Albany, N. Y.
Doyle, Miss M. R.....	Belleville, Can.
Duncan, Miss M. I.....	Woodstock, Can.
Dyson, Miss Mary E.....	East Main, Rochester, N. Y.
Felker, Miss Vena J.....	Fergus, Ontario, Can.
Frazier, Mrs. L. M.....	1702 Arch Street, Philadelphia, Pa.
Frick, Miss Elizabeth.....	21 Almira Street, Rochester, N. Y.
Frink, Miss Adella F.....	133 Exchange Street, Rochester, N. Y.
Glidden, Miss Harriet.....	158 South Fitzhugh Street, Rochester, N. Y.
Glover, Miss Jessie.....	158 South Fitzhugh Street, Rochester, N. Y.
Goodell, Miss L. M.....	
Graham, Miss Spowers.....	
Grahame, Miss Frances.....	13 Clifton Street, Rochester, N. Y.
Greenwood, Miss A. L.....	Buffalo, N. Y.



Hambly, Miss Lillie.....	Rochester, N. Y.
Harrison, Mrs. Harry.....	Geneseo, N. Y.
Hascott, Miss Helena.....	21 Almira Street, Rochester, N. Y.
Heal, Miss Emelie.....	Plymouth Avenue, Rochester, N. Y.
Hentig, Miss E. A.....	13 Clifton Street, Rochester, N. Y.
Hollister, Miss Ella J.....	158 South Fitzhugh Street, Rochester, N. Y.
Hood, Miss Mary.....	Ithaca, N. Y.
Hudgins, Miss Minnie.....	Belleville, Can.
Hut, Miss Minnie.....	291 Troup Street, Rochester, N. Y.
Hughes, Miss Katharine.....	35 Chestnut Street, Rochester, N. Y.
Hyatt, Miss Sara.....	334 East Avenue, Rochester, N. Y.
Jacockes, Miss L. L.....	141 Alexander Street, Rochester, N. Y.
Jameson, Miss Mary.....	Lyons, N. Y.
Jaquish, Miss S.....	69 Meigs Street, Rochester, N. Y.
Johnson, Miss Katherine.....	32 Tremont Street, Rochester, N. Y.
Jones, Miss K. R.....	East Avenue, Rochester, N. Y.
Kennedy, Miss A. E.....	South Avenue, Rochester, N. Y.
Laird, Miss S. L.....	Willard State Hospital, N. Y.
Langstaff, Miss L. E.....	Rochester City Hospital, Rochester, N. Y.
Lewis, Miss Nellie A.....	Cuba, N. Y.
Lewis, Miss Winifred.....	Cuba, N. Y.
Lockridge, Miss Anna.....	391 West Avenue, Rochester, N. Y.
Lynch, Miss Ida.....	13 Clifton Street, Rochester, N. Y.
Mace, Miss Myrtie.....	391 West Avenue, Rochester, N. Y.
Mathews, Miss M. M.....	13 Clifton Street, Rochester, N. Y.
May, Miss M. E.....	State Hospital, Rochester, N. Y.
McCoy, Miss Emma.....	Cuba, N. Y.
McGachen, Miss A. L.....	City Hospital, Ithaca, N. Y.
McKenzie, Miss Janet.....	21 Almira Street, Rochester, N. Y.
McLaren, Miss Margaret.....	855 St. Paul Street, Rochester, N. Y.
McLaren, Miss Mary.....	259 Park Avenue, Rochester, N. Y.
Meldrum, Miss Frances.....	17 Fulton Avenue, Rochester, N. Y.
Neal, Mrs. James.....	Urbana, N. Y.
Ostrander, Miss Frances.....	Brockport, N. Y.
Pollock, Miss Madeline.....	Canandaigua, N. Y.
Rose, Miss Elizabeth.....	15 Madison Street, Rochester, N. Y.
Rosenberg, Miss Addie.....	239 University Avenue, Rochester, N. Y.
Sanford, Miss Elizabeth C.....	46 Howell Street, Rochester, N. Y.
Sangster, Miss Jean.....	
Scanlan, Miss M. B.....	Buffalo, N. Y.
Sercombe, Miss R. A.....	Rochester, N. Y.
Spear, Miss E. B.....	
Stobbe, Miss Marie.....	Union Street, Rochester, N. Y.
Straiton, Miss Jessie.....	Rochester, N. Y.
Tytler, Miss Sophie.....	118 Columbia Avenue, Rochester, N. Y.
Vail, Mrs. M. B.....	Rochester City Hospital, Rochester, N. Y.
Whitely, Miss Ida.....	10 Girton Place, Rochester, N. Y.
Widman, Miss Louise.....	1138 East Main Street, Rochester, N. Y.
Williams, Miss Nina A.....	326 Troup Street, Rochester, N. Y.
Wilson, Miss Jean.....	17 Fulton Avenue, Rochester, N. Y.
Wright, Miss M. P.....	Attica, N. Y.



ROCHESTER HOMŒOPATHIC HOSPITAL ALUMNÆ.

Allerton, Miss Eva (Honorary Member).....	Superintendent of Rochester Homœopathic Hospital, Rochester, N. Y.
Bailey, Miss Julia.....	120 South Union Street, Rochester, N. Y.
Bailey, Miss Ruth.....	120 South Union Street, Rochester, N. Y.
Baker, Miss Mary E.....	27 Churchlea Place, Rochester, N. Y.
Black, Miss Frances.....	Superintendent Homœopathic Hospital, Utica, N. Y.
Black, Miss Lona.....	Belmont, N. Y.
Carrier, Miss Julia.....	Cuba, N. Y.
Cleary, Miss Julia.....	474 Court Street, Rochester, N. Y.
Cone, Miss Reine.....	43 East Avenue, Rochester, N. Y.
Deihle, Miss Emilie.....	44 Gorham Street, Rochester N. Y.
Hammond, Miss Bertha M.....	97 East Avenue, Rochester, N. Y.
Harp, Miss Mildred.....	202 Williams Street, Rochester, N. Y.
Hart, Miss Edna A.....	Canandaigua, N. Y.
Hayward, Miss Olive.....	7 Tremont Street, Rochester, N. Y.
Heal, Miss Florence.....	507 Plymouth Avenue, Rochester, N. Y.
Heal, Miss Jessie.....	507 Plymouth Avenue, Rochester, N. Y.
Heal, Miss Violet.....	507 Plymouth Avenue, Rochester, N. Y.
James, Mrs. Arthur.....	7246 Langley Avenue, Grand Crossing, Chicago, Ill.
Johnson, Miss Frances.....	Tremont Street, Rochester, N. Y.
Johnston, Miss Maude.....	265 Alexander Street, Rochester, N. Y.
Jones, Miss Emily.....	11 Prince Street, Rochester, N. Y.
Leary, Miss Minnie.....	120 South Union Street, Rochester, N. Y.
Lowery, Miss Minerva.....	Assistant Superintendent Rochester Homœopathic Hospital, Rochester, N. Y.
McWilliams, Miss Florence.....	7 Maple Street, Springfield, Mass.
Murray, Miss Mabel.....	6 William Street, Rochester, N. Y.
Niesz, Miss Evalina.....	176 Chestnut Street, Rochester, N. Y.
Packard, Miss Louise.....	21 South Union Street, Rochester, N. Y.
Parker, Miss Alice.....	Syracuse, N. Y.
Parker, Miss Elizabeth..	Superintendent Homœopathic Hospital, Baltimore, Md.
Phelps, Miss Lottie E.....	15 Savannah Street, Rochester, N. Y.
Rabb, Miss Ida.....	50 Park Avenue, Rochester, N. Y.
Reed, Miss Ethel.....	Corning, N. Y.
Schanks, Miss Margaret.....	7 Anson Park, Rochester, N. Y.
Schubmehl, Miss Elizabeth.....	18 Edmonds Street, Rochester, N. Y.
Schubmehl, Miss Margaret.....	18 Edmonds Street, Rochester, N. Y.
Smith, Miss Bertha.....	Philadelphia, Pa.
Southard, Miss.....	9 Costar Street, Rochester, N. Y.
Thaler, Miss Emma.....	Canandaigua, N. Y.
Tompkins, Miss Robinette.....	Charlottesville, Va.
Tripp, Miss Anna L.....	265 Alexander Street, Rochester, N. Y.
Wallace, Miss Margaret.....	Superintendent Brooklyn Memorial Hospital, Brooklyn, N. Y.
Warwood, Miss Anna L.....	120 South Union Street, Rochester, N. Y.
Webber, Miss Elizabeth.....	Homœopathic Hospital, Springfield, Mass.
Williams, Mrs. Louise B.....	265 Alexander Street, Rochester, N. Y.
Wilson, Miss Maude M.....	Meigs Street, Rochester, N. Y.
Winans, Miss Anna.....	Washington, D. C.
Wood, Miss M. E.....	Superintendent Homœopathic Hospital, Springfield, Mass.



## THE ROOSEVELT HOSPITAL ALUMNÆ.

Barker, Miss Helen C.....	54 West Sixty-eighth Street, New York City, N. Y.
Barker, Miss Mary C.....	Manila, P. I.
Bolster, Miss Fanny I.....	252 West Fifty-fourth Street, New York City, N. Y.
Bowne, Miss Julia M.....	65 West One-hundred-and-Fourth Street, New York City, N. Y.
Brown, Miss Olive J.....	Cleveland, O.
Burns, Miss Elizabeth M...	252 West Fifty-fourth Street, New York City, N. Y.
Campbell, Miss Margaret.....	Roosevelt Hospital, New York City, N. Y.
Chamberlain, Miss May...	252 West Fifty-fourth Street, New York City, N. Y.
Charles, Miss Nona.....	35 East Sixty-second Street, New York City, N. Y.
Cheyne, Miss Eliza B.....	485 Central Park, West, New York City, N. Y.
Conklin, Miss Mildred.....	Nyack, N. Y.
Corbett, Miss Margaret....	178 West Eighty-first Street, New York City, N. Y.
Davey, Miss Lissa.....	485 Central Park, West, New York City, N. Y.
Donoghue, Miss Edith.....	Roosevelt Hospital, New York City, N. Y.
Douglass, Miss Harriet.....	Roosevelt Hospital, New York City, N. Y.
Downing, Miss Jessie B.....	Roosevelt Hospital, New York City, N. Y.
Duckworth, Miss Maybel.....	Roosevelt Hospital, New York City, N. Y.
Fanning, Miss Mabel.....	485 Central Park, West, New York City, N. Y.
Foster, Miss Emma.....	Roosevelt Hospital, New York City, N. Y.
Francis, Miss Mayme.....	Roosevelt Hospital, New York City, N. Y.
Freeland, Miss Isabel.....	Hahnemann Hospital, New York City, N. Y.
George, Miss Anna L.....	133 West Twenty-first Street, New York City, N. Y.
Hack, Miss Vanda.....	54 West Sixty-eighth Street, New York City, N. Y.
Hartman, Miss Louise V...	347 West Fifty-eighth Street, New York City, N. Y.
Jones, Miss Carbetta.....	35 East Sixty-second Street, New York City, N. Y.
Korten, Miss Emma J.....	165 Lafayette Avenue, Brooklyn, N. Y.
Lawrence, Miss Ella.....	231 East Eighteenth Street, New York City, N. Y.
Lee, Miss Nellie W.....	252 West Fifty-fourth Street, New York City, N. Y.
Matthews, Miss Margaret.....	Macon City, Ga.
McConnell, Miss Harriet...	252 West Fifty-fourth Street, New York City, N. Y.
Merry, Miss Isabel.....	Roosevelt Hospital, New York City, N. Y.
Moore, Miss Mary.....	Kansas City, Kan.
Orr, Miss Ethel.....	178 West Eighty-first Street, New York City, N. Y.
Robinson, Miss Isabel.....	634 Throop Avenue, Brooklyn, N. Y.
Simmon, Miss May.....	Roosevelt Hospital, New York City, N. Y.
Stahsis, Miss Clara.....	485 Central Park, West, New York City, N. Y.
Thompson, Miss Anna L.....	Stamford, Conn.
Thompson, Miss Elizabeth...	252 West Fifty-fourth Street, New York City, N. Y.
Thompson, Miss Katherine....	485 Central Park, West, New York City, N. Y.
Thompson, Miss Mary B....	54 West Sixty-eighth Street, New York City, N. Y.
Tierney, Miss Katherine....	54 West Sixty-eighth Street, New York City, N. Y.
Tuttle, Miss Margaret.....	231 East Eighteenth Street, New York City, N. Y.
Watts, Miss Minnie G.....	54 West Sixty-eighth Street, New York City, N. Y.
Williams, Miss Naomi C.....	Brooklyn Avenue, Brooklyn, N. Y.

## ST. JOSEPH'S HOSPITAL ALUMNÆ.

Adams, Miss M.....	Orange, N. J.
Boyle, Miss J.....	155 West Twenty-first Street, New York City, N. Y.



Dwyer, Miss M.....	394 Totowa Avenue, Paterson, N. J.
Farrel, Miss J.....	St. Mary's Hospital, Passaic, N. J.
Flynn, Miss K.....	711 East Eighteenth Street, Paterson, N. J.
Galvin, Miss K.....	8 West One-hundred-and-Twenty-fifth Street, New York City, N. Y.
Hackett, Miss I.....	133 West Twenty-first Street, New York City, N. Y.
Macdonald, Miss I.....	711 East Eighteenth Street, Paterson, N. J.
McGlynn, Miss K.....	711 East Eighteenth Street, Paterson, N. J.
McHale, Miss L.....	St. James' Hospital, Newark, N. J.
McKowen, Miss R.....	173 Oliver Street, Paterson, N. J.
Morrow, Mrs. K.....	711 East Eighteenth Street, Paterson, N. J.
Murtha, Miss R. I.....	139 Joralemon Street, Brooklyn, N. Y.
Nolan, Miss A. M.....	711 East Eighteenth Street, Paterson, N. J.
O'Shea, Miss K.....	57 Prince Street, Paterson, N. J.
Reid, Mrs. H.....	711 East Eighteenth Street, Paterson, N. J.
Rowen, Miss G.....	St. Joseph's Hospital, Paterson, N. J.
Strehl, Mrs. P.....	711 East Eighteenth Street, Paterson, N. J.

## ST. LUKE'S ALUMNÆ, CHICAGO, ILL..

Ambridge, Miss Anne A.....	645 Astor Street, Milwaukee, Wis.
Anderson, Miss Margaret.....	The Granada, Ohio Street, Chicago, Ill.
Balcom, Miss Helen.....	University Hospital, Ann Arbor, Mich.
Barter, Miss B.....	241 Dearborn Avenue, Chicago, Ill.
Bartle, Miss Therese.....	6241 Woodlawn Avenue, Chicago, Ill.
Beardsley, Miss Alice.....	3159 Indiana Avenue, Chicago, Ill.
Bell, Miss Florence.....	Padston, Cornwall, England
Bennett, Miss A.....	143 Oakwood Boulevard, Chicago, Ill.
Bigeley, Miss E.....	1522 Garden Street, Santa Barbara, Cal.
Biller, Miss M.....	3734 Michigan Avenue, Chicago, Ill.
Birdsell, Miss O.....	9 Cedar Street, Chicago, Ill.
Brockway, Miss Wilfreda....	Hull House, 335 South Halsted Street, Chicago, Ill.
Browne, Miss M. R.....	1642 Barry Avenue, Chicago, Ill.
Bryant, Miss M. H.....	359 Ontario Street, Chicago, Ill.
Bubb, Miss Ada.....	Superintendent Galesburg Hospital, Galesburg, Ill.
Burnham, Miss M.....	31 The Hampden, Thirty-ninth Street and Langley Avenue, Chicago, Ill.
Bush, Miss Elizabeth.....	Santa Barbara, Cal.
Byrne, Mrs. Annie Hewitt.....	Fort Wright, Spokane, Wash.
Cahill, Miss Annie.....	2400 Indiana Avenue, Chicago, Ill.
Campbell, Mrs. John G.....	6857 Wentworth Avenue, Chicago, Ill.
Cappeller, Miss F.....	385 North State Street, Chicago, Ill.
Carpenter, Mrs. H. A.....	Lakeside, Ill.
Cass, Miss B.....	157 Fifty-fourth Place, Chicago, Ill.
Cavette, Mrs. F. J.....	Lacon, Marshall County, Ill.
Collins, Miss M. D.....	50 East Fortieth Street, Chicago, Ill.
Critchell, Miss Grace D.....	1136 Montana Street, Chicago, Ill.
Custer, Miss Margaret F.....	1416 Indiana Avenue, Chicago, Ill.
Cuthbertson, Mrs. William.....	171 East Forty-seventh Street, Chicago, Ill.
Dawson, Miss Emma.....	Superintendent Chicago Homœopathic Hospital, Wood and York Streets, Chicago, Ill.



Dawson, Miss Julia.....	2400 Indiana Avenue, Chicago, Ill.
Dean, Miss Daisy....	45 The Hampden, Thirty-ninth Street and Langley Avenue, Chicago, Ill.
Douglass, Miss L. A.....	3040 Calumet Avenue, Chicago, Ill.
Draper, Miss May.....	2400 Indiana Avenue, Chicago, Ill.
Eastman, Miss Eleanor.....	2400 Indiana Avenue, Chicago, Ill.
Eldridge, Miss A....	25 The Hampden, Thirty-ninth Street and Langley Avenue, Chicago, Ill.
Fairfax, Miss Ada.....	423 Poplar Street, Memphis, Tenn.
Forbes, Miss Mary...	Superintendent New Orleans Sanitarium, New Orleans, La.
Fowler, Miss Caroline.....	2512 Indiana Avenue, Chicago, Ill.
Frank, Miss Elizabeth.....	Albany Hospital, Albany, N. Y.
Frankenthal, Mrs. L. E.....	4800 Kimbark Avenue, Chicago, Ill.
Fulmer, Miss Harriet.....	3104 South Park Avenue, Chicago, Ill.
Gaggs, Miss Alice M.....	City Hospital, Louisville, Ky.
Gaggs, Miss Anne C.....	227 East Jacot Street, Louisville, Ky.
Gates, Miss Edna C.....	229 Madison Avenue, Albany, N. Y.
Gaughran, Miss Marie.....	The Irving, 304 North State Street, Chicago, Ill.
Gruber, Miss K.....	6914 Yale Avenue, Chicago, Ill.
Hannington, Miss Ethyl.....	Albany Hospital, Albany, N. Y.
Helgren, Miss H.....	73 East Forty-fourth Street, Chicago, Ill.
Holden, Miss Alice.....	229 Madison Avenue, Albany, N. Y.
Holmes, Miss Susan.....	1906 Kenwood Parkway, Minneapolis, Minn.
Ingersoll, Miss H.....	3159 Indiana Avenue, Chicago, Ill.
Johnson, Miss A. H.....	2319 First Avenue, South, Minneapolis, Minn.
Johnston, Miss Ethel.....	South Ridge, Helsby, Warrington, England
Johnstone, Miss M. Edith.....	Assistant Superintendent St. Luke's Hospital, Chicago, Ill.
Keys, Miss Jessie M.....	5044 Washington Park Place, Chicago, Ill.
Kimball, Miss Adeline.....	31 The Hampden, Thirty-ninth Street and Langley Avenue, Chicago, Ill.
Kisling, Mrs. Charles.....	Milwaukee, Wis.
Knudson, Mrs. T. J.....	4713 Indiana Avenue, Chicago, Ill.
Kunz, Miss Louise.....	3040 Calumet Avenue, Chicago, Ill.
Kyburg, Miss Anna.....	31 The Hampden, Thirty-ninth Street and Langley Avenue, Chicago, Ill.
Lambert, Miss J.....	4533 Indiana Avenue, Chicago, Ill.
Laurie, Miss Jessie.....	1922 Indiana Avenue, Chicago, Ill.
Leininger, Miss Lynnette.....	31 The Hampden, Thirty-ninth Street and Langley Avenue, Chicago, Ill.
Lowden, Miss M.....	Lakeside, Ill.
Mack, Miss Eva.....	The Hampden, Thirty-ninth Street and Langley Avenue, Chicago, Ill.
Maltby, Miss Frances.....	Kemper Hall, Kenosha, Wis.
Marjoribanks, Miss Kathleen.....	The Hampden, Thirty-ninth Street and Langley Avenue, Chicago, Ill.
Martin, Miss P.....	19 Lake Shore Drive, Chicago, Ill.
McCoy, Miss Agnes.....	5944 Prairie Avenue, Chicago, Ill.
McCoy, Miss Mary V.....	Galesburg Hospital, Galesburg, Ill.
McKenzie, Miss Annie.....	Sarnia, Ontario, Can.
McLennan, Miss C....	Superintendent Vermillion County Hospital, Danville, Ill.



McNeel, Miss E. Jessie.....	31 The Hampden, Thirty-ninth Street and Langley Avenue, Chicago, Ill.
Miller, Miss Amy.....	Dr. Fege's Sanitarium, Oconomowoc, Wis.
Moberly, Miss M.....	3040 Calumet Avenue, Chicago, Ill.
Mussen, Miss Emily.....	2017 Indiana Avenue, Chicago, Ill.
Mussen, Miss K.....	2017 Indiana Avenue, Chicago, Ill.
Nason, Miss Edith.....	Superintendent District Nurses, 251 Fenchurch Street, Norfolk, Va.
Norton, Miss Emily M.....	4323 Lake Avenue, Chicago, Ill.
O'Reilly, Miss L. Harriet.....	2320 Calumet Avenue, Chicago, Ill.
Owen, Miss M. F.....	215 East Sixty-third Street, Chicago, Ill.
Page, Miss Alice W.....	6016 Stoney Island Avenue, Chicago, Ill.
Parr, Miss Edith.....	Wilmette, Ill.
Patterson, Miss Edith H.....	3159 Indiana Avenue, Chicago, Ill.
Pearse, Miss Anna.....	4512 Grand Boulevard, Chicago, Ill.
Peebles, Miss Gertrude.....	5531 Monroe Avenue, Chicago, Ill.
Penfield, Miss G. T.....	Calumet Thecla Hospital, Calumet, Mich.
Phillpots, Miss Gertrude.....	Trinity Parish House, 101 Twenty-sixth Street, Chicago, Ill.
Price, Miss Nina J.....	Superintendent Provident Hospital, Thirty-sixth and Dearborn Streets, Chicago, Ill.
Pruyn, Miss J.....	Niles, Mich.
Rein, Miss L.....	1642 Barry Avenue, Chicago, Ill.
Richey, Miss Margaret.....	2320 Calumet Avenue, Chicago, Ill.
Robinson, Miss Rebecca S.....	1729 Prairie Avenue, Chicago, Ill.
Rogers, Miss E. G.....	St. Luke's Hospital, Chicago, Ill.
Rohrer, Miss Marie.....	19 Lake Shore Drive, Chicago, Ill.
Rolfe, Miss Harriet Hyde.....	2400 Indiana Avenue, Chicago, Ill.
Rounthwaite, Miss Isabel.....	15214 Centre Avenue, Harvey, Ill.
Sargent, Mrs. John.....	Lexington Hotel, Chicago, Ill.
Scouller, Miss Louise.....	Corner M and Fourteenth Streets, Lincoln, Neb.
Sharp, Miss A.....	The Hampden, Thirty-ninth Street and Langley Avenue, Chicago, Ill.
Shears, Miss Mary.....	Lincoln Sanitarium, Lincoln, Neb.
Sheridan, Mrs. Herbert.....	2911 Winorth Avenue, Baltimore, Md.
Small, Miss Agnes.....	Franklin, Ind.
Sorley, Miss Ada.....	382 East Fortieth Street, Chicago, Ill.
Spacey, Miss A.....	5052 Washington Park Place, Chicago, Ill.
Spring, Miss M. O.....	Aldridge, Ill.
Stewart, Miss Ella.....	338 East Fifty-seventh Street, Chicago, Ill.
Stowell, Miss Ida.....	2633 Indiana Avenue, Chicago, Ill.
Sutherland, Miss Irene.....	5052 Washington Park Place, Chicago, Ill.
Taylor, Miss Ada....	31 The Hampden, Thirty-ninth Street and Langley Avenue, Chicago, Ill.
Taylor, Miss Edith A.....	2320 Calumet Avenue, Chicago, Ill.
Timmerman, Dr. Ella V.....	Elgin, Ill.
Touch, Miss Alice.....	13 Kinmarro Road, Edinburgh, Scotland
Towers, Mrs. George Wilson.....	Sheridan Park, Ill.
Warren, Miss Louise.....	4533 Indiana Avenue, Chicago, Ill.
Webster, Miss Mary.....	2255 Michigan Avenue, Chicago, Ill.
Whitcomb, Miss L. M.....	1922 Indiana Avenue, Chicago, Ill.



Whittier, Miss Therese.....	5052 Washington Park Place, Chicago, Ill.
Wilbur, Miss M.....	1912 Prairie Avenue, Chicago, Ill.
Wiles, Mrs. Thomas S.....	53 Dove Street, Albany, N. Y.
Wilkinson, Miss Bertha.....	5052 Washington Park Place, Chicago, Ill.
Williams, Miss Virginia.....	3564 Grand Boulevard, Chicago, Ill.
Wilson, Mrs. William Louis.....	5654 Monroe Avenue, Chicago, Ill.
Wiltzie, Miss Helen...31 The Hampden, Thirty-ninth Street and Langley Avenue,	Chicago, Ill.
Winship, Mrs. Richard D.....	6140 Madison Avenue, Chicago, Ill.

## ST. LUKE'S HOSPITAL ALUMNÆ, NEW YORK.

Alberti, Miss Damar.....	Puerto Principe Hospital, Cuba
Alderman, Mrs.....	49 West Thirty-eighth Street, New York City, N. Y.
Anderson, Miss.....	12 West Sixty-fifth Street, New York City, N. Y.
Baird, Miss Sara Wilson...	49 West Thirty-eighth Street, New York City, N. Y.
Bartine, Miss.....	118 West Sixty-fourth Street, New York City, N. Y.
Bates, Miss.....	154 West Forty-fifth Street, New York City, N. Y.
Battin, Miss M.....	49 West Thirty-eighth Street, New York City, N. Y.
Benz, Miss M.....	St. Luke's Hospital, New York City, N. Y.
Beyea, Mrs. Sam. (Miss Brockie).....	New Rochelle, N. Y.
Blair, Miss Frances.....	Christ Hospital, Jersey City, N. J.
Bonnell, Miss.....	154 West Forty-fifth Street, New York City, N. Y.
Bowden, Miss Clara.....	154 West Forty-fifth Street, New York City, N. Y.
Bucklee, Miss Gertrude.....	154 West Forty-fifth Street, New York City, N. Y.
Burdette, Miss.....	Lying-in Hospital, New York City, N. Y.
Burlette, Miss.....	49 West Thirty-eighth Street, New York City, N. Y.
Cammilleri, Miss.....	41 Broadstreet Avenue, Beechmont, Mass.
Chestwood, Miss.....	49 West Thirty-eighth Street, New York City, N. Y.
Clark, Miss.....	118 West Sixty-fourth Street, New York City, N. Y.
Cook, Miss.....	49 West Thirty-eighth Street, New York City, N. Y.
Craft, Miss.....	49 West Thirty-eighth Street, New York City, N. Y.
Curtis, Miss.....	12 West Sixty-fifth Street, New York City, N. Y.
DuBois, Miss Charlotte.....	154 West Forty-fifth Street, New York City, N. Y.
DuBois, Mrs. J. H. (Miss Deuel).....	Amsterdam Avenue and One-hundred-and-Forty-seventh Street, New York City, N. Y.
Edman, Miss F.....	Corning, N. Y.
Endres, Miss Carrie.....	154 West Forty-fifth Street, New York City, N. Y.
Ernst, Miss S. E.....	154 West Forty-fifth Street, New York City, N. Y.
Evans, Miss Isabel Lount....	154 West Forty-fifth Street, New York City, N. Y.
Evans, Miss Rebecca J....	49 West Thirty-eighth Street, New York City, N. Y.
Ewing, Miss J.....	154 West Forty-fifth Street, New York City, N. Y.
Fletcher, Miss Mabel.....	320 West Fifty-sixth Street, New York City, N. Y.
Fullerton, Miss.....	320 West Fifty-sixth Street, New York City, N. Y.
Furstenberger, Miss.....	154 West Forty-fifth Street, New York City, N. Y.
Garden, Miss.....	134 East Thirtieth Street, New York City, N. Y.
Gordon, Miss.....	118 West Sixty-fourth Street, New York City, N. Y.
Graff, Miss.....	49 West Thirty-eighth Street, New York City, N. Y.
Graham, Miss Ada.....	154 West Forty-fifth Street, New York City, N. Y.
Gray, Miss.....	320 West Fifty-sixth Street, New York City, N. Y.
Greig, Miss Florence.....	393 Lenox Avenue, New York City, N. Y.



Henderson, Miss Ida.....	154 West Forty-fifth Street, New York City, N. Y.
Herty, Miss Barbara.....	118 West Sixty-fourth Street, New York City, N. Y.
Hesseltine, Miss Marian....	118 West Sixty-fourth Street, New York City, N. Y.
Hixson, Miss.....	320 West Fifty-sixth Street, New York City, N. Y.
Hooper, Miss Edith.....	St. Luke's Hospital, New York City, N. Y.
Jarvis, Miss Maud.....	312 East Seventy-eighth Street, New York City, N. Y.
Kennedy, Miss Madeline....	118 West Sixty-fourth Street, New York City, N. Y.
Knox, Miss Jessie.....	154 West Forty-fifth Street, New York City, N. Y.
Laing, Miss Edith.....	118 West Sixty-fourth Street, New York City, N. Y.
Lawrence, Miss.....	49 West Thirty-eighth Street, New York City, N. Y.
Lewis, Miss Annie.....	154 West Forty-fifth Street, New York City, N. Y.
Livermore, Miss Sophia....	118 West Sixty-fourth Street, New York City, N. Y.
Lord, Mrs.....	636 Fifth Avenue, New York City, N. Y.
Loucks, Miss.....	49 West Thirty-eighth Street, New York City, N. Y.
Lough, Miss K.....	154 West Forty-fifth Street, New York City, N. Y.
Mattson, Miss Ida.....	49 West Thirty-eighth Street, New York City, N. Y.
McMillan, Miss Clara B..	219 West Eighty-third Street, New York City, N. Y.
McVean, Miss....	140 West One-hundred-and-Fifth Street, New York City, N. Y.
Mignerey, Miss.....	6 Rue Freyling, Paris, France
Mitchell, Miss M.....	Puerto Principe Hospital, Cuba
Morrison, Miss.....	Toledo Hospital, Ohio
Norton, Miss Esther.....	44 West Thirty-eighth Street, New York City, N. Y.
Ohler, Miss .....	
Paffard, Miss A.....	12 West Sixty-fifth Street, New York City, N. Y.
Parsons, Miss Elizabeth....	154 West Forty-fifth Street, New York City, N. Y.
Pemberton, Mrs.....	Walla Walla, Washington
Perry, Miss.....	49 West Thirty-eighth Street, New York City, N. Y.
Pier, Miss.....	Owensboro, Ky.
Pierce, Miss M. K.....	6 Rue Freyling, Paris, France
Playter, Miss.....	154 West Forty-fifth Street, New York City, N. Y.
Roberts, Miss.....	St. Luke's Hospital, New York City, N. Y.
Ross, Miss Helena.....	12 West Sixty-fifth Street, New York City, N. Y.
Ross, Miss J. M.....	154 West Forty-fifth Street, New York City, N. Y.
Seymour, Miss M. H.....	154 West Forty-fifth Street, New York City, N. Y.
Simpson, Miss.....	49 West Thirty-eighth Street, New York City, N. Y.
Smith, Miss Anna J.....	320 West Fifty-sixth Street, New York City, N. Y.
Smith, Miss Gwendolen.....	154 West Forty-fifth Street, New York City, N. Y.
Smith, Miss M. K.....	Sanford Hall, Flushing, L. I.
Souter, Miss Maud.....	154 West Forty-fifth Street, New York City, N. Y.
Spring, Miss Blanche.....	49 West Thirty-eighth Street, New York City, N. Y.
Stone, Mrs. W. S. (Miss Desiron).....	1730 Broadway, New York City, N. Y.
Sunberg, Miss .....	
Sutherland, Miss Margaret.....	219 West Eighty-third Street, New York City, N. Y.
Thayer, Miss.....	49 West Thirty-eighth Street, New York City, N. Y.
Thomas, Miss Mary.....	154 West Forty-fifth Street, New York City, N. Y.
Thompson, Miss C. E.....	28 Overdale Avenue, Montreal, Can.
Tompkins, Dr. W. T.....	49 West Thirty-eighth Street, New York City, N. Y.
Toupet, Miss R. B.....	154 West Forty-fifth Street, New York City, N. Y.
Trafford, Miss E.....	154 West Forty-fifth Street, New York City, N. Y.
Wallace, Miss.....	154 West Forty-fifth Street, New York City, N. Y.



Waller, Miss Elizabeth Tyler.....	Savannah, Ga.
Warren, Miss Emily.....	12 West Sixty-fifth Street, New York City, N. Y.
Watson, Miss.....	27 East Thirtieth Street, New York City, N. Y.
Webber, Mrs.....	49 West Thirty-eighth Street, New York City, N. Y.
Whitman, Miss.....	Roosevelt Hospital, New York City, N. Y.
Wilson, Miss Charlotte....	49 West Thirty-eighth Street, New York City, N. Y.
Wilson, Miss Mabel.....	St. John's Hospital, Brooklyn, N. Y.

## ST. LUKE'S HOSPITAL ALUMNÆ, ST. PAUL, MINN.

Andregg, Miss M. B.....	577 Oakland Avenue, St. Paul, Minn.
Aspinwall, Miss M. A.....	471 Fairview Avenue, St. Paul, Minn.
Aszman, Miss Ida.....	Brainerd, Minn.
Baker, Miss F.....	1077 Fourteenth Street, Minneapolis, Minn.
Booth, Miss Sarah.....	San Jacinto, Cal.
Broune, Miss M. L.....	268 Elm Street, St. Paul, Minn.
Brown, Miss Edith.....	706 Oakland Avenue, St. Paul, Minn.
Clary, Miss S. E.....	15 Sherburne Avenue, St. Paul, Minn.
Cummings, Miss C. G.....	706 St. Anthony Avenue, St. Paul, Minn.
Davis, Miss Luella.....	577 Oakland Avenue, St. Paul, Minn.
Dickman, Miss Addie.....	577 Oakland Avenue, St. Paul, Minn.
Dillion, Miss Irene.....	270 Ramsey Street, St. Paul, Minn.
Ekstrom, Miss Bertha.....	St. Luke's Hospital, St. Paul, Minn.
Elseffer, Miss Jennie (Mrs. West).....	Philippine Islands
Emge, Miss Rose.....	577 Oakland Avenue, St. Paul, Minn.
Everson, Miss Fannie.....	Sioux Falls, South Dakota
Forbes, Miss Etta.....	577 Oakland Avenue, St. Paul, Minn.
Geer, Miss Editha L.....	993 Fairmount Avenue, St. Paul, Minn.
Goodrich, Miss I. A.....	243 West Sixth Street, St. Paul, Minn.
Harrie, Miss J. E.....	Park Rapids, Minn.
Holl, Miss Lina.....	370 Hoffman Avenue, St. Paul, Minn.
Johnson, Miss May.....	352 Walnut Street, St. Paul, Minn.
Jones, Miss Anna.....	Mankato, Minn.
Kasson, Miss M. A.....	577 Oakland Avenue, St. Paul, Minn.
Kittle, Miss M.....	352 Walnut Street, St. Paul, Minn.
Kowitz, Miss Emma.....	California.
Leary, Miss Kate.....	Eldora, Iowa
Lloyd, Miss Minnie.....	577 Oakland Avenue, St. Paul, Minn.
Mackinson, Miss Edna.....	391 Iglehart Street, St. Paul, Minn.
McCloud, Miss M. A.....	534 Selby Avenue, St. Paul, Minn.
McPherson, Miss Isabel.....	577 Oakland Avenue, St. Paul, Minn.
Parkinson, Miss Mary.....	Eau Claire, Wis.
Pearson, Miss E. E.....	577 Oakland Avenue, St. Paul, Minn.
Pfund, Miss Pauline.....	645 Olive Street, St. Paul, Minn.
Pollock, Miss A. S.....	California.
Pringle, Miss Anna.....	577 Oakland Avenue, St. Paul, Minn.
Redpath, Miss E. M.....	Scotland
Relf, Miss Hermine.....	147 Maria Avenue, St. Paul, Minn.
Renwick, Miss M. A.....	Scotland
Rohlfs, Miss Dora.....	577 Oakland Avenue, St. Paul, Minn.
Senhove, Miss Helen.....	County Hospital, Fargo, North Dakota



Swan, Miss M.....	577 Oakland Avenue, St. Paul, Minn.
Sweetman, Miss Ida.....	577 Oakland Avenue, St. Paul, Minn.
Tweedie, Miss.....	352 Walnut Street, St. Paul, Minn.
Wiggins, Miss Gertrude.....	577 Oakland Avenue, St. Paul, Minn.
Witbeck, Miss M. M.....	Schenectady, N. Y.
Wood, Miss Mary.....	577 Oakland Avenue, St. Paul, Minn.

## ST. MARY'S HOSPITAL ALUMNÆ.

Anmond, Miss E.....	Kingston Avenue Hospital, Brooklyn, N. Y.
Brady, Miss A.....	441 Halsey Street, Brooklyn, N. Y.
Brengle, Miss D. A.....	286 Vanderbilt Avenue, Brooklyn, N. Y.
Brock, Miss J.....	133 Garfield Place, Brooklyn, N. Y.
Camm, Miss B.....	New York Foundling Asylum, New York City, N. Y.
Clarke, Miss A.....	117 First Place, Brooklyn, N. Y.
Clarke, Miss S. A.....	207 Sixth Avenue, Brooklyn, N. Y.
Cole, Miss A. J.....	1285 Dean Street, Brooklyn, N. Y.
Connors, Miss M. L.....	536 Seventeenth Street, Brooklyn, N. Y.
Cunningham, Miss K.....	64 Prospect Place, Brooklyn, N. Y.
Cusick, Miss N.....	441 Halsey Street, Brooklyn, N. Y.
Denehey, Miss H. M.....	344 Jay Street, Brooklyn, N. Y.
Doyle, Miss M.....	Municipal Hospital, Havana, Cuba
Fumeran, Miss M.....	64 Prospect Place, Brooklyn, N. Y.
Gallagher, Miss K.....	625 Bedford Avenue, Brooklyn, N. Y.
Gillen, Miss K.....	Fifty-eighth Street and Eighteenth Avenue, Brooklyn, N. Y.
Hands, Miss J.....	207 Sixth Avenue, Brooklyn, N. Y.
Hughes, Miss N. C.....	625 Bedford Avenue, Brooklyn, N. Y.
Kennedy, Miss E.....	United States Hospital, Fort Bayard, New Mexico
Kennedy, Miss M.....	133 Garfield Place, Brooklyn, N. Y.
Laskowski, Miss M.....	64 Prospect Place, Brooklyn, N. Y.
Long, Miss M.....	133 Garfield Place, Brooklyn, N. Y.
Kain, Miss C.....	1489 Pacific Street, Brooklyn, N. Y.
Mahoney, Miss M.....	64 Prospect Place, Brooklyn, N. Y.
Maley, Miss M.....	165 Lafayette Avenue, Brooklyn, N. Y.
Marwick, Miss M.....	St. Mary's Hospital, Brooklyn, N. Y.
McCarthy, Miss D.....	Waterbury, Conn.
McCarthy, Miss M.....	St. Mary's Hospital, Brooklyn, N. Y.
McCarthy, Miss V.....	Waterbury, Conn.
McCaughey, Miss M.....	133 Garfield Place, Brooklyn, N. Y.
McDonald, Miss A. B.....	625 Bedford Avenue, Brooklyn, N. Y.
McDonald, Miss C.....	Municipal Hospital, Havana, Cuba
McDonald, Miss C. C.....	286 Vanderbilt Avenue, Brooklyn, N. Y.
McDonald, Miss D. McM.....	625 Bedford Avenue, Brooklyn, N. Y.
McDonald, Miss M. G.....	155 Dean Street, Brooklyn, N. Y.
McDougall, Miss T.....	625 Bedford Avenue, Brooklyn, N. Y.
McElhone, Miss R.....	207 Sixth Avenue, Brooklyn, N. Y.
McInenry, Miss A.....	441 Halsey Street, Brooklyn, N. Y.
McLeod, Miss B.....	63 South Elliot Place, Brooklyn, N. Y.
McSherry, Miss M.....	137 West Twenty-first Street, New York City, N. Y.
Mourant, Miss C. I.....	117 First Place, Brooklyn, N. Y.
Mudge, Miss A.....	104 West Forty-first Street, New York City, N. Y.



Noble, Miss M.....	207 Sixth Avenue, Brooklyn, N. Y.
O'Boyle, Miss K.....	64 Prospect Place, Brooklyn, N. Y.
O'Neil, Miss K.....	207 Sixth Avenue, Brooklyn, N. Y.
O'Neil, Miss M. A.....	Kings County Hospital, Brooklyn, N. Y.
O'Sullivan, Miss M. R.....	207 Sixth Avenue, Brooklyn, N. Y.
Prentice, Miss S.....	207 Sixth Avenue, Brooklyn, N. Y.
Rush, Miss S.....	1285 Dean Street, Brooklyn, N. Y.
Shannon, Miss J. A.....	625 Bedford Avenue, Brooklyn, N. Y.
Shea, Miss J.....	441 Halsey Street, Brooklyn, N. Y.
Stack, Miss E.....	Fort Meyer, Washington, D. C.
Staley, Miss A. E.....	64 Prospect Place, Brooklyn, N. Y.
Sullivan, Miss M.....	Fort Townsend, St. Johns, Newfoundland
Tischner, Miss L. A.....	133 Garfield Place, Brooklyn, N. Y.
Wall, Miss M. E.....	666 East One-hundred-and-Thirty-fifth Street, New York City, N. Y.

#### UNIVERSITY OF MARYLAND HOSPITAL ALUMNÆ.

Anderson, Miss Grace L....	Nurses' Club, 21 North Carey Street, Baltimore, Md.
Baldwin, Mrs. M. E.....	1122 Barclay Street, Baltimore, Md.
Blake, Miss Katherine.....	Nurses' Club, 21 North Carey Street, Baltimore, Md.
Blake, Miss Sallie.....	Tallahassee, Fla.
Blight, Miss Emelina.....	513 East Twenty-second Street, Baltimore, Md.
Blight, Miss Margarita.....	513 East Twenty-second Street, Baltimore, Md.
Bradbury, Miss M. E.....	Cockeysville, Md.
Brown, Miss Margaret S.....	10 Mount Vernon Place, Baltimore, Md.
Burnett, Miss May Compton.....	Women's Infirmary, 5 Livingston Place, New York City, N. Y.
Cohen, Mrs. Ella D.....	1304 Harlem Avenue, Baltimore, Md.
Cooke, Miss Mary H.....	13 East Franklin Street, Baltimore, Md.
Daly, Miss Emma J.....	Nurses' Club, 21 North Carey Street, Baltimore, Md.
Daniel, Miss Frances Byrd..	Nurses' Club, 21 North Carey Street, Baltimore, Md.
Dowdel, Miss Mary..	Maryland University Hospital, Lombard and Green Streets, Baltimore, Md.
Featherstone, Miss Sophia F.....	Nurses' Club, 21 North Carey Street, Baltimore, Md.
Fendall, Miss Martha M.....	Towson, Md.
Furbee, Miss Katherine.....	Barker Memorial Hospital, Asheville, N. C.
Gilliland, Miss Lena.....	Twin City Hospital, Winston-Salem, N. C.
Goldsborough, Miss.....	Nurses' Club, 21 North Carey Street, Baltimore, Md.
Haas, Miss Rosa.....	Nurses' Club, 21 North Carey Street, Baltimore, Md.
Harry, Miss Addie.....	Nurses' Club, 21 North Carey Street, Baltimore, Md.
Henderson, Miss L. Eugenia.....	Salem Academy, Winston-Salem, N. C.
Hobbs, Miss Myra P.....	1304 Harlem Avenue, Baltimore, Md.
Jones, Miss Mary Scott.....	Charlottesville, Va.
Jones, Miss M. F.....	730 Pine Street, Wilmington, Del.
Jones, Miss Nannie H.....	University Station, Charlottesville, Va.
Jones, Miss Susie M.....	Kelley's Sanatorium, 1414 Eutaw Place, Baltimore, Md.
Lackland, Miss Nannie.....	Nurses' Club, 21 North Carey Street, Baltimore, Md.
Lashley, Miss Josephine.....	923 East Ninth Street, Kansas City, Mo.
Lee, Miss.....	Contract Nurse, Cuba



Little, Miss Martha Marion.....	Mission Hospital, Asheville, N. C.
Lord, Miss Athalia.....	304 South Front Street, Wilmington, N. C.
Lucas, Mrs. K. C.....	Staunton, Va.
Mayes, Miss Eleanor.....	Maternity Hospital, 113 West Lombard Street, Baltimore, Md.
Mergardt, Miss Emma.....	Nurses' Club, 21 North Carey Street, Baltimore, Md.
Michael, Miss Martha.....	Nurses' Club, 21 North Carey Street, Baltimore, Md.
Milton, Miss Louise D.....	Nurses' Club, 21 North Carey Street, Baltimore, Md.
Mines, Mrs. W. W. (formerly Mrs. Van Santvort).....	Frederick, Md.
Mitchel, Mrs. C. W.....	211 West Madison Street, Baltimore, Md.
Mosby, Miss Pauline.....	13 East Franklin Street, Baltimore, Md.
Pitman, Miss Blanche.....	2430 Maryland Avenue, Baltimore, Md.
Pyatt, Miss Martha.....	1401 McCulloh Street, Baltimore, Md.
Ravenell, Miss Susan.....	Nurses' Club, 21 North Carey Street, Baltimore, Md.
Reed, Miss Elizabeth.....	114 North High Street, Nashville, Tenn.
Roby, Miss Frances.....	305 East North Avenue, Baltimore, Md.
Rolph, Miss.....	Nurses' Club, 21 North Carey Street, Baltimore, Md.
Rossell, Miss Blenda.....	Nurses' Club, 21 North Carey Street, Baltimore, Md.
Russell, Miss Mary A.....	513 Cathedral Street, Baltimore, Md.
Schleuness, Miss Anna.....	Nurses' Club, 21 North Carey Street, Baltimore, Md.
Shertzer, Miss Elizabeth....	Nurses' Club, 21 North Carey Street, Baltimore, Md.
Shipley, Miss Mena.....	913 East Ninth Street, Kansas City, Mo.
Slicer, Miss Annette.....	Freemont Street, Baltimore, Md.
Smith, Miss Virginia.....	3 East Reade Street, Baltimore, Md.
Thackston, Miss E. Grace.....	1503 Pacific Avenue, Atlantic City, N. J.
Watkins, Miss K. T.....	513 Cathedral Street, Baltimore, Md.
Weitzel, Miss.....	Nurses' Club, 21 North Carey Street, Baltimore, Md.
Williams, Miss E. May.....	Clarkton, N. C.
Wilson, Mrs. C. M.....	707 St. Paul Street, Baltimore, Md.

#### UNIVERSITY OF PENNSYLVANIA HOSPITAL ALUMNÆ.

Adams, Miss.....	University Hospital, Philadelphia, Pa.
Agnew, Miss C. B.....	407 West Fourth Street, Williamsport, Pa.
Aurell, Miss Freda.....	686 Lexington Avenue, New York City, N. Y.
Arnold, Miss Ella.....	1618 French Street, Philadelphia, Pa.
Bains, Mrs. M. V.....	4418 Pine Street, Philadelphia, Pa.
Barnhart, Miss Jennie.....	3948 Aspen Street, West Philadelphia, Pa.
Barrett, Miss Genevieve.....	318 South Eleventh Street, Philadelphia, Pa.
Bartholomew, Miss A. M.....	929 Spruce Street, Philadelphia, Pa.
Beitle, Miss L. B.....	3615 Chestnut Street, Philadelphia, Pa.
Bell, Miss Bertha.....	929 Spruce Street, Philadelphia, Pa.
Bell, Miss Margaret.....	929 Spruce Street, Philadelphia, Pa.
Bennett, Mrs. K.....	1528 North Twelfth Street, Philadelphia, Pa.
Berlin, Miss.....	University Hospital, Philadelphia, Pa.
Berlin, Miss May.....	1721 Girard Avenue, Philadelphia, Pa.
Bethune, Miss Clara.....	2120 Arch Street, Philadelphia, Pa.
Bettig, Miss Mary C.....	1628 North Broad Street, Philadelphia, Pa.
Blatterberger, Miss Bessie.....	3715 Lancaster Avenue, West Philadelphia, Pa.
Bonnell, Miss.....	929 Spruce Street, Philadelphia, Pa.
Brennan, Miss Kate.....	26 South Eighteenth Street, Philadelphia, Pa.



Brobson, Miss Anna E.....	5729 Knox Street, Germantown, Philadelphia, Pa.
Brobson, Miss Martha E.....	5729 Knox Street, Germantown, Philadelphia, Pa.
Brophy, Miss Elizabeth.....	Rush Hospital, Philadelphia, Pa.
Brown, Mrs. Gertrude T.....	2 Warren Terrace, Atlantic City, N. J.
Callan, Miss Margaret.....	1628 North Broad Street, Philadelphia, Pa.
Campbell, Miss Belle.....	Albany, N. Y.
Canan, Mrs. Annie.....	Tyrone, Pa.
Carey, Miss Mary A.....	Twelfth and Spruce Streets, Philadelphia, Pa.
Casey, Miss Nellie M.....	1919 Ellsworth Street, Philadelphia, Pa.
Clarke, Miss.....	1710 Spring Garden Street, Philadelphia, Pa.
Conard, Miss Annie K.....	1921 Chestnut Street, Philadelphia, Pa.
Crocker, Miss Jessie L.....	Scranton, Pa.
Culbertson, Miss Lizzie M.....	1628 Ontario Street, Philadelphia, Pa.
Damm, Miss Katherine.....	26 South Eighteenth Street, Philadelphia, Pa.
Dechant, Miss Evelyn C.....	1 Evergreen Place, East Orange, N. J.
Derno, Miss Emma B.....	1346 Spruce Street, Philadelphia, Pa.
Devinnie, Miss Mary.....	219 South Thirteenth Street, Philadelphia, Pa.
Diack, Miss Bella.....	San Francisco, Cal.
Dunn, Miss.....	University Hospital, Philadelphia, Pa.
Dunn, Miss Caroline.....	3727 Spruce Street, West Philadelphia, Pa.
Easter, Mrs. Adele.....	2512 West Chestnut Street, Altoona, Pa.
Edwards, Miss Mary A.....	4035 Parrish Street, Philadelphia, Pa.
Fahs, Miss Katherine.....	Guntoor, India
Fay, Miss Margaret G.....	University Hospital, Philadelphia, Pa.
Fisher, Miss Mary A.....	723 Madison Avenue, Reading, Pa.
Forrest, Miss.....	University Hospital, Philadelphia, Pa.
Fox, Miss Emma.....	634 North Eleventh Street, Philadelphia, Pa.
Gardener, Miss Sara.....	3715 Lancaster Avenue, West Philadelphia, Pa.
Gilbertson, Miss L. A.....	2102 Arch Street, Philadelphia, Pa.
Gilmore, Miss Elizabeth.....	1344 Spruce Street, Philadelphia, Pa.
Golmann, Mrs. Annie.....	1033 LeMoyné Street, Chicago, Ill.
Griswell, Miss Josephine.....	Schuylkill Haven, Pa.
Hamer, Miss Laura M.....	929 Spruce Street, Philadelphia, Pa.
Hardwick, Miss.....	929 Spruce Street, Philadelphia, Pa.
Haring, Miss Clara V.....	City Hospital, Wilkes-Barre, Pa.
Hershey, Miss Adeline.....	306 North Sixteenth Street, Philadelphia, Pa.
Hinds, Miss Katherine.....	Steubenville, O.
Hinds, Miss Marie.....	Steubenville, O.
Hittell, Miss Clara A.....	1346 Spruce Street, Philadelphia, Pa.
Hofford, Miss Sarah.....	732 Spruce Street, Philadelphia, Pa.
Horn, Miss Mary.....	1346 Spruce Street, Philadelphia, Pa.
Hover, Miss.....	129 South Eighteenth Street, Philadelphia, Pa.
Huck, Miss H. S.....	416 South Fifteenth Street, Philadelphia, Pa.
Hunt, Miss Anna P.....	
Huntzinger, Miss Carrie.....	1516 Arch Street, Philadelphia, Pa.
Hutton, Miss Caroline.....	912 Pine Street, Philadelphia, Pa.
Irwin, Mrs. Lucy H.....	4737 Cedar Avenue, Philadelphia, Pa.
Israeli, Dr.....	1207 South Third Street, Philadelphia, Pa.
Johnston, Mrs.....	Cumberland, Md.
Keating, Miss E.....	3727 Spruce Street, West Philadelphia, Pa.
Keegan, Miss Katherine.....	104 West Forty-first Street, New York City, N. Y.



Kirby, Miss Ella.....	Swedesboro, N. J.
Kirschbaum, Mrs. Gertrude.....	1413 Chestnut Street, Philadelphia, Pa.
Langs, Miss Clara M.....	170 Caroline Street, South Hamilton, Ontario, Can.
Laseter, Miss Margaret.....	3948 Aspen Street, West Philadelphia, Pa.
Lathrop, Miss Julia.....	1208 Spruce Street, Philadelphia, Pa.
Le Van, Miss.....	2315 Columbia Avenue, Philadelphia, Pa.
Mathers, Miss Stella M.....	Albany, N. Y.
McCurdy, Miss Frances.....	929 Spruce Street, Philadelphia, Pa.
McKernan, Miss.....	1112 Pine Street, Philadelphia, Pa.
McNally, Mrs. Marie.....	1125 Spruce Street, Philadelphia, Pa.
Morand, Miss Harriet J.....	416 South Fifteenth Street, Philadelphia, Pa.
Morrell, Miss Nellie.....	Hollidaysburg, Blair County, Pa.
Mosser, Miss.....	Medico-Chirurgical Hospital, Philadelphia, Pa.
O'Connell, Miss Mary.....	1416 Fifth Avenue, South Minneapolis, Minn.
Palmer, Miss Annie B.....	929 Spruce Street, Philadelphia, Pa.
Phillips, Miss Virginia.....	1213 Locust Street, Philadelphia, Pa.
Quinlan, Miss Bertha G.....	1921 Chestnut Street, Philadelphia, Pa.
Ramsden, Miss Elizabeth.....	Fort Washington, Pa.
Rankin, Miss Elizabeth.....	Rosemont, Pa.
Reed, Miss Minna M.....	4501 Baltimore Avenue, Philadelphia, Pa.
Reinecke, Miss Carrie.....	2025 Chestnut Street, Philadelphia, Pa.
Rice, Miss Mary.....	University Hospital, Philadelphia, Pa.
Richards, Miss Florence E.....	1710 Spring Garden Street, Philadelphia, Pa.
Rodrock, Miss Ida.....	Doylestown, Pa.
Roe, Miss L.....	1516 Arch Street, Philadelphia, Pa.
Rourke, Miss Mary C.....	1516 Arch Street, Philadelphia, Pa.
Rudden, Miss Sarah.....	312 North Nineteenth Street, Philadelphia, Pa.
Ryan, Miss.....	Twelfth and Spruce Streets, Philadelphia, Pa.
Schulz, Miss Annie L.....	625 Marshall Street, Philadelphia, Pa.
Shackford, Miss Clara L.....	1208 Spruce Street, Philadelphia, Pa.
Simpson, Miss.....	University Hospital, Philadelphia, Pa.
Simpson, Miss Phandora.....	
Slee, Miss Carrie.....	1303 West Monument Street, Baltimore, Md.
Smith, Miss Rose.....	21 North Carey Street, Baltimore, Md.
Spry, Mrs. Mary.....	University Hospital, Philadelphia, Pa.
Steele, Miss Mary.....	1921 Chestnut Street, Philadelphia, Pa.
Stevens, Miss Grace E.....	1921 Chestnut Street, Philadelphia, Pa.
Stillwell, Miss Susan.....	1214 Thompson Street, Philadelphia, Pa.
Stock, Miss Frederica.....	4926 Baltimore Avenue, Philadelphia, Pa.
Sturdevant, Mrs. Rose L.....	
Sweigart, Miss.....	1208 Spruce Street, Philadelphia, Pa.
Taylor, Miss Caroline.....	1418 Eutaw Place, Baltimore, Md.
Taylor, Miss Mary.....	1208 Spruce Street, Philadelphia, Pa.
Tobias, Miss Flox W.....	1346 Spruce Street, Philadelphia, Pa.
Todd, Miss Annie B.....	1219 South Forty-sixth Street, Philadelphia, Pa.
Travis, Mrs. Susan E.....	Pittston, Pa.
Troutman, Miss Capitola.....	1346 Spruce Street, Philadelphia, Pa.
Tussey, Mrs. Kate.....	2517 Broad Street, Altoona, Pa.
Vandegrift, Miss Clara.....	134 North Eighteenth Street, Philadelphia, Pa.
Weaver, Miss Anna J.....	1528 North Twelfth Street, Philadelphia, Pa.



White, Miss Gertrude.....	1418 Eutaw Place, Baltimore, Md.
Whitelether, Miss Joetle.....	929 Spruce Street, Philadelphia, Pa.
Williams, Mrs. H. L.....	Fifteenth Avenue and Seventh Street, Southeast, Minneapolis, Minn.
Williamson, Miss.....	1112 Pine Street, Philadelphia, Pa.
Wood, Mrs. H. C., Jr.....	1925 Chestnut Street, Philadelphia, Pa.
Wright, Miss Grace.....	University Hospital, Philadelphia, Pa.
Wythe, Miss Dorothy.....	134 North Eighteenth Street, Philadelphia, Pa.
Zeigler, Miss Henrietta.....	University Hospital, Philadelphia, Pa.
Zimmerman, Miss Anne.....	2144 Summer Street, Philadelphia, Pa.

## HOUSE OF MERCY ALUMNÆ.

Abel, Miss Mary.....	Housatonic Street, Pittsfield, Mass.
Anderson, Miss Grace.....	504 Union Street, Schenectady, N. Y.
Benedict, Miss Oliverie.....	30 Hebron Street, Springfield, Mass.
Brett, Miss Nellie.....	32 Linden Street, Pittsfield, Mass.
Charlton, Miss Jessie.....	20 Read Street, Pittsfield, Mass.
Cleary, Miss Jane.....	32 Linden Street, Pittsfield, Mass.
Clement, Miss H. G. (Honorary Member).....	Superintendent of the Bishop Memorial Training-School, Pittsfield, Mass.
Connors, Miss Martha.....	Stoddard Avenue, Pittsfield, Mass.
Donnelly, Miss Anna.....	317 West Twenty-eighth Street, New York City, N. Y.
Downer, Miss Adeline.....	Chesterfield, Mass.
Fisher, Miss Fannie.....	29½ Prospect Street, Worcester, Mass.
Flynn, Miss Mary.....	Wellington Avenue, Pittsfield, Mass.
Foss, Miss Annie.....	163 South Street, Pittsfield, Mass.
Getty, Mrs. Anna.....	237 West One-hundred-and-Thirty-fourth Street, New York City, N. Y.
Hart, Miss Rosa.....	Schenectady, N. Y.
Heath, Miss Lilian.....	Lee, Mass.
Hemenway, Mrs. George (Miss Mason).....	Springfield, Mass.
Huntley, Miss Elsie.....	25 Henry Avenue, Pittsfield, Mass.
Johnson, Miss Ethelynd.....	20 Read Street, Pittsfield, Mass.
Kerr, Miss Laura J.....	19 East Eighty-ninth Street, New York City, N. Y.
King, Mrs. Charles (Miss A. Feely).....	32 Linden Street, Pittsfield, Mass.
Lawless, Miss Mary J.....	182 Maple Street, Holyoke, Mass.
Lawrence, Miss Isabella.....	Farmington, Conn.
Legg, Mrs. Philip (Miss Mary Seymour) ..	625 Monroe Street, Little Falls, N. Y.
London, Miss Sadie.....	57 High Street, Springfield, Mass.
Looney, Miss Hannah.....	32 Linden Street, Pittsfield, Mass.
MacGillivray, Miss Mary.....	550 Park Avenue, New York City, N. Y.
MacGrath, Miss Margaret.....	52 Tompkins Place, Brooklyn, N. Y.
Marcy, Miss Mary.....	15 Elizabeth Street, Pittsfield, Mass.
Masterson, Miss Margaret.....	33 Richmond Avenue, Pittsfield, Mass.
Matthews, Mrs. W. E. (Miss Holmes).....	110 Lake Street, Oneida, N. Y.
McCarthy, Miss Elizabeth.....	32 Linden Street, Pittsfield, Mass.
McHugh, Miss Annie.....	32 Linden Street, Pittsfield, Mass.
Miller, Miss Nellie A.....	Lee, Mass.
Murray, Miss Mary R.....	First Street, Pittsfield, Mass.
Narey, Miss Anna M.....	208 East Main Street, Waterbury, Conn.
O'Neill, Miss Agnes.....	Almshouse, Pittsfield, Mass.



Pickett, Miss Sarah.....	32 Linden Street, Pittsfield, Mass.
Read, Mrs. (Miss Francis Campbell).....	Duluth, Minn.
Sargent, Miss Nettie.....	14 Kilby Street, Worcester, Mass.
Shea, Miss Mary.....	Lee, Mass.
Staniforth, Miss Maria.....	657 North Street, Pittsfield, Mass.
Steinway, Miss Annie.....	Great Barrington, Mass.
Wallace, Miss Lena.....	Myrtle Street, Pittsfield, Mass.
Waring, Miss Martha.....	25 Henry Avenue, Pittsfield, Mass.
Weatherstone, Mrs. Mary F.....	Great Barrington, Mass.
Whipple, Miss Henrietta.....	32 Linden Street, Pittsfield, Mass.
Wilbur, Mrs. Margaret.....	32 Linden Street, Pittsfield, Mass.
Willard, Miss Harriet.....	Wethersfield, Conn.
Williams, Miss Elizabeth A.....	House of Mercy Hospital, Pittsfield, Mass.
Woodruff, Mrs. Ella.....	Teeling House, Pittsfield, Mass.
Woodworth, Mrs. A. W. (Miss Warner).....	Flatbrook, N. Y.

## NEW ENGLAND HOSPITAL ALUMNÆ.

Beatty, Miss Sarah.....	56 Clarendon Street, Boston, Mass.
Beers, Miss Mary J.....	4 Oxford Terrace, Boston, Mass.
Braxton, Miss Josephine.....	Wellesley Hills, Mass.
Carr, Miss Josephine M.....	92 Pinckney Street, Boston, Mass.
Cassidy, Miss Mary A.....	Boston, Mass.
Chamberlain, Mrs. Mary.....	90 Waltham Street, Boston, Mass.
Cheney, Mrs. Ednah D. (Honorary Member).....	Forest Hills Street, Jamaica Plain, Mass.
Christofferson, Miss Josephine (Honorary Member).....	46 Cobden Street, Boston, Mass.
Clarke, Miss Myrtie.....	422 Columbus Avenue, Boston, Mass.
Cleary, Miss Ann M.....	56 Clarendon Street, Boston, Mass.
Connor, Miss Frances J.....	135 St. Alphonsus Street, Boston, Mass.
Curry-Hall, Mrs. Mary.....	Milbury, Mass.
Dewar, Miss Christina.....	565 Boylston Street, Boston, Mass.
Dillet, Miss Annie.....	New England Hospital, Roxbury, Mass.
Farnese-Lowry, Mrs. Leonilda.....	St. Luke's Hospital, New Bedford, Mass.
Fisher, Miss Jennie B.....	40 Palfrey Street, Watertown, Mass.
Foote, Miss Cassie.....	680 Tremont Street, Boston, Mass.
Furber, Miss Louise.....	68 Broadway, Taunton, Mass.
Gillis, Miss Alexia B.....	Franklin Falls, N. H.
Glennon, Miss Mary A.....	27 Wicklow Street, Brighton, Mass.
Goodwin, Miss Myra H.....	3 Barstow Street, Boston, Mass.
Griffin, Miss Bertha E.....	8 High Street, Somerville, Mass.
Hall, Miss Mary M.....	441 Selby Street, St. Paul, Minn.
Hersey, Miss Anna.....	199 St. Botolph Street, Boston, Mass.
Hewin, Miss Jennie E.....	27 Walden Street, North Cambridge, Mass.
Hodgins, Miss Drusilla.....	91 Pembroke Street, Boston, Mass.
Jamme, Miss A. C.....	New England Hospital, Roxbury, Mass.
Johnston, Miss R. F.....	329 Collins Avenue, Pittsburg, Pa.
Mahoney, Miss Mary.....	31 Westminster Street, Boston, Mass.
Matheson, Miss Christie.....	15 Washington Street, Marblehead, Mass.
Maxwell, Miss Annie M. (Honorary Member).....	Superintendent of Nurses, Presbyterian Hospital, New York City, N. Y.



McArdle, Miss Nellie.....	Mt. Vernon Street, Winchester, Mass.
McDonald, Miss Flora.....	Roxbury, Mass.
McIntosh, Miss Miriam B.....	3 Barstow Street, Allston, Mass.
McKenzie, Miss Margaret.....	112 School Street, Roxbury, Mass.
McLeod, Miss Christina M.....	91 Francis Street, Brookline, Mass.
McNaul, Miss Alice.....	51 Clarendon Street, Boston, Mass.
Moran, Miss Adelaide F.....	2 Louisburg Square, St. Margaret's Hospital, Boston, Mass.
Murray, Miss Mary Alice.....	37 Florence Street, Roslindale, Mass.
Myers, Miss Ella A.....	780 Salem Street, Malden, Mass.
Newcombe, Miss J.....	4 Oxford Terrace, Boston, Mass.
O'Brien, Miss Delia.....	16 Argyle Street, Jamaica Plain, Mass.
O'Neil, Miss Elizabeth.....	198 Warren Street, Roxbury, Mass.
O'Neil, Miss Nellie A.....	198 Warren Street, Roxbury, Mass.
Osborne, Miss Fanny C.....	10 Spring Street, Watertown, Mass.
Parker, Miss C. R.....	677 Tremont Street, Boston, Mass.
Patterson, Miss Annie.....	6 Rockland Street, Roxbury, Mass.
Payne, Miss Muriel B.....	St. Luke's Hospital, Denver, Col.
Pease, Miss Maria E.....	19 Pinckney Street, Boston, Mass.
Richards, Miss Linda.....	Superintendent of Nurses, Taunton Insane Hospital, Taunton, Mass.
Robinson, Miss Grace N.....	South Framingham, Mass.
Robinson, Miss Maria S.....	Visiting Nurse, 416 West Fifty-fourth Street, New York City, N. Y.
Smith, Miss Roxie Annie.....	29 Boylston Avenue, Jamaica Plain, Mass.
Smith, Miss Katherine B.....	
Smith, Mrs. Emma W.....	48 Condor Street, East Boston, Mass.
Tallant, Miss Eliza.....	171 St. Botolph Street, Boston, Mass.
Taylor, M.D., Miss Stella M. (Honorary Member).....	Resident Physician and Superintendent New England Hospital, Roxbury, Mass.
Thompson, Miss Maria J.....	64 Dartmouth Street, New Bedford, Mass.
Thornton, Miss Sarah E.....	Williamstown, Pa.
Tolliver, Miss Emily F.....	279 Thayer Street, Providence, R. I.
Tolliver, Miss K. A.....	279 Thayer Street, Providence, R. I.
Verette-Burnaby, Mrs. Louise.....	759 Washington Street, Dorchester, Mass.
Wahl, Miss Marian.....	Exeter Chambers, Exeter Street, Boston, Mass.
Walker, Miss Beulah B.....	98 West Springfield Street, Boston, Mass.
Ward, Miss Sarah E.....	14 Westland Avenue, Boston, Mass.
White, Miss Mary S.....	170 Ashmont Street, Dorchester, Mass.
Williamson, Miss Hanna.....	14 Westland Avenue, Boston, Mass.
Wolcott, M.D., Miss Grace.....	18 Marlborough Street, Boston, Mass.
Wright, Miss Margaret J.....	21 Clifford Street, Roxbury, Mass.
Young-Lenoire, Mrs. Martha H.....	Manila, P. I.
Zakrzewska, M.D., Miss M. E.....	Peter Parley Street, Jamaica Plain, Mass.

#### OLD DOMINION HOSPITAL ALUMNÆ.

Austin, Miss C. V.....	Old Dominion Hospital, Richmond, Va.
Barney, Miss Helen.....	108 North Seventh Street, Richmond, Va.
Cocke, Miss Elizabeth.....	108 North Seventh Street, Richmond, Va.
Ellerson, Miss Frances P.....	324 East Main Street, Richmond, Va.



Henninghausen, Miss Laura.....	108 North Seventh Street, Richmond, Va.
Hudnell, Mrs. Ryland.....	Lignit, Va.
Hudson, Miss Florence.....	1009 East Clay Street, Richmond, Va.
Johnston, Miss Coralie.....	319 East Franklin Street, Richmond, Va.
Jones, Miss Frances L.....	1009 East Clay Street, Richmond, Va.
Kellam, Miss Elizabeth M.....	1009 East Clay Street, Richmond, Va.
Kreuttner, Miss Caroline.....	Washington, D. C.
McClung, Miss A. W.....	902 East Marshall Street, Richmond, Va.
Minor, Miss Nannie.....	108 North Seventh Street, Richmond, Va.
Moore, Miss Lily V.....	Care of Roanoke Hospital, Roanoke, Va.
Moore, Miss M. J.....	Old Dominion Hospital, Richmond, Va.
Parkins, Miss Rosabelle.....	108 North Seventh Street, Richmond, Va.
Scott, Miss Juliette I.....	1009 East Clay Street, Richmond, Va.
Sulley, Miss Annie L.....	108 North Seventh Street, Richmond, Va.
Sweeney, Miss Mamie.....	405 North Seventh Street, Richmond, Va.
Van Vort, Miss Rosa Z.....	314 East Grace Street, Richmond, Va.
Washington, Miss Euphan M.....	1009 East Clay Street, Richmond, Va.
Webb, Miss Elizabeth H.....	315 East Franklin Street, Richmond, Va.
Whyte, Miss Rebecca C.....	1009 East Clay Street, Richmond, Va.
Willson, Miss R. B.....	1031 East Marshall Street, Richmond, Va.

## ST. LUKE'S HOSPITAL ALUMNÆ, SOUTH BETHLEHEM.

Backus, Miss Emma Cornelia.....	Wilkes-Barre, Pa.
Bade, Miss Emma B.....	South Bethlehem, Pa.
Brown, Miss Marie Schley.....	Atlanta, Ga.
Cassler, Miss Isabelle T.....	South Bethlehem, Pa.
Crawford, Miss Margaret.....	Mifflintown, Pa.
Dalton, Miss Georgie.....	Dalton, N. C.
De Hart, Miss Carrie.....	Easton, Pa.
Dickenshied, Miss Agnes L.....	Plover, Pa.
Dinan, Miss Emily.....	South Bethlehem, Pa.
Doyle, Miss Anna M.....	Wilkes-Barre, Pa.
Edgar, Miss Nell D.....	Robert Packer Hospital, Sayre, Pa.
Edwards, Miss Laura Threlkeld.....	South Bethlehem, Pa.
Evans, Miss Eleanor.....	Texas
Evans, Miss Elizabeth.....	Allentown, Pa.
Fraser, Miss Anne C.....	Brooklyn, N. Y.
Giles, Miss Magdalene.....	Brooklyn, N. Y.
Goodwin, Miss Nellie B.....	Waterbury, Conn.
Hahn, Miss Jennie Hanson.....	Bath, Pa.
Hartman, Miss Helen.....	Philadelphia, Pa.
Heller, Miss Florence.....	Harrisburg, Pa.
Herbein, Miss Clara.....	Sinking Spring, Pa.
Hobbs, Miss Cleone.....	Clinton, N. C.
Howe, Miss Mary M.....	Butler, Pa.
Huber, Miss Claire.....	Sunbury, Pa.
Ingram, Miss Rena Vickers.....	Reidsville, N. C.
MacTaggart, Miss Mary.....	Jeansville, Pa.
Martin, Miss Gertrude.....	Jeddo, Pa.
Morrow, Miss Edith.....	New York City, N. Y.



Munn, Miss M. W. Y.....	East Orange, N. J.
Myers, Miss Helen.....	Phillipsburg, N. J.
Overfield, Miss Lydia.....	Bethlehem, Pa.
Parish, Miss Susan G.....	Iowa City, Ia.
Parker, Miss Cornelia H.....	Philadelphia, Pa.
Pfohl, Miss Constance.....	Salem, N. C.
Pollard, Miss Harriet Jarvis.....	East Orange, N. J.
Reichart, Miss N. W.....	Bangor, Pa.
Reynolds, Miss Elizabeth Murphy.....	Winfield, Kan.
Roberts, Miss Virginia L.....	Burlington, N. J.
Spach, Miss M. E.....	Winston-Salem, N. C.
Spogen, Miss Emma.....	New York City, N. Y.
Taber, Miss Mary.....	Waterbury, Conn.
Turner, Miss Agnes M.....	Pen Argyl, Pa.
White, Miss Victoria.....	St. Luke's Hospital, South Bethlehem, Pa.
Yost, Miss M. V.....	New York City, N. Y.





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## NURSES AND THEIR EDUCATION \*

By S. WEIR MITCHELL, M.D.

Two or three times, as the years have gone by, I have seen cause to comment upon nurses and their education. If as to my criticisms I seem to be what some still call severe, let those smile who are conscience-clear, and for the rest let us hope they may find nutriment in what I say. I am fully free to speak critically, for in the early years of doubt and opposition to nurse training I was resolutely its friend.

Some of those now here have been with me triumphantly through many hard cases. We have won together, or lost, but never have I been other than fair and just to my nurses, or allowed them to suffer when they had done their duty.

In 1870 I wrote, complaining of the want of nurses. . . . Since I thus wrote training-schools have become many, and every little country or village hospital, and even private hospitals, send out nurses supposed to be trained. They expect to compete on even terms and for like wages with women who have had the discipline and training of the really competent education of our great schools. The same evil exists in my own profession. Not all the schools of medicine are equally competent to educate the doctor. For us, however, the law provides a Board of State Examiners. In theory this is excellent; in practice it does not as yet work as it might. It admits the best; it does not keep out all it should, nor has it notably stimulated methods of education.

As concerns the nurses, the time may come when such a board will be needed to stand between the public and the worst of the half educated. To some extent the Nurse Directories, not the private agencies, effect this purpose and do much to keep the nurses a superior body.

The first Directory was in Boston; the second was created here by

\* Lecture delivered to the Nurses in Philadelphia.



Mrs. M. and other ladies at some cost. I know well that its value and services to the nursing body can hardly be overstated. Evils and abuses are, soon or late, found in all institutions; but of this be sure, that this Directory has no selfish end in view. About what would be in any case the cost of the rental of offices and a commercial profit goes to the college library. That is our sole return, and none of you can be aware of the care, thought, and time given to its affairs by a few busy physicians.

I was one of the first men to see the value of specifically educated nurses and use them. Ever since I have watched with a critical eye the changes in nursing, the gain for all three concerned,—the patient, the nurse, and the doctor. The gradual appearance of evils or defects in the trained nurse, in her education, and in some other ways I wish now to discuss. I have long felt that as concerns nurses we require very radical alterations in education, and some broadening of opportunities for those who want to be not merely educated but accomplished.

There are several things every man thinks he can do; these are proverbially familiar. What he cannot do he usually knows by the time he is fifty, if he ever knows.

There are several competencies a woman is always satisfied that she possesses. I glide swiftly over perilous ground. Every American woman thinks she dresses well, has manners above criticism, and can learn to nurse. Once all women believed that they were always the best nurses for their own children,—were, in fact, nurses by Divine decree. Some doubts as to this have of late been entertained by the better educated mothers. At all events, civilized communities have reached the conclusion that to be competent as nurses, women require a technical education.

And now I want to criticise a little the present training, to point out where it fails, and indicate the need for and the manner of fuller training.

Is yours a profession? You so believe. Well, let us admit it. But by your own desire to be classed as a profession you subject yourselves to such critical treatment as I and others have mercilessly applied to the physician. I am not sure that you were wise to so label yourselves. This descriptive word is perilous. It means much; it pledges. Are you prepared to accept a code of ethics? Is all your labor to be paid? Shall you give free service to a sick nurse, or charge her? I have known it done. I have never in my life taken a fee from a physician. There is more pledged than these things when you call yours a profession. A business may prosper with honesty—a profession exacts honor, a stricter code.

At the outset I am naturally led into a discussion of what kind of



woman is best fitted to enter on a career which exacts for its noblest success a rare combination of qualities.

Some effort has been made to predetermine whether or not a woman is fit to enter the profession and then go on with the education presumed to make a nurse. Until lately the conditions of entrance to the hospitals were not very unlike in form, and most of the schools, certainly the better ones, provided for a month of trial, during which there will be some chance to decide upon those moral, mental, and bodily qualities which cannot be otherwise tested and which no certificate really covers.

A month of probation was long ago felt to be too little. At the Pennsylvania Hospital it is now six months, with a sifting examination at the end of the first half year. This is, I think, the rule at Johns Hopkins. They do still better at the Presbyterian here, and ask a year of trial. During one month a woman may hide the bad and keep in view the best of her, or may fail to show the best; but during a year what she really is reveals itself to a watchful head nurse.

And here I pause for a regret. This inspection as to less and larger morals, this exaction of certain standards of manners, of kindness, unselfishness, punctuality, watchful care, and so on, are really valuable as developing character. My regret is that the doctor also is not tried by a similar tribunal.

It should say to some of the students at the close of the year, "You have brains enough, but as to morals and manners—in fact, character—you are defective. Go and measure tape, or learn typewriting, or do clerk work."

Let us not forget, as I go on, that yours is a profession, not a mere trade or commercial business. How does it, as yet, differ from other professions? Here too points arise for discussion.

The doctor pays for his education; the nurse does not. She receives an elaborate training without charge. Unpaid physicians or highly trained nurses lecture and teach her. She will urge that her services in the wards repay the hospital. Not so. While serving she is the subject of care, thought, discipline, and lavishly given instructions, often made difficult by her want of preliminary education, and sometimes taken by her as only a slight return for her valuable services.

I propose here at the beginning of the nurse's education two reforms in present methods. I should prefer that the student nurse pay for the whole of her education. What is paid for is more valued. To lead up to this fuller reform, I should insist that at least during the first year of her training the nurse student should pay the hospital; the second year she should not pay, and the third year, if there be a third year, she should be paid. This is a compromise.



But if, as you urge, yours is a profession, why, indeed, should you not pay all through, just as we do? The student of medicine pays, and when he is graduated serves hospitals unpaid, or, later, gives endless unrequited service year after year. How much do you thus give? You will still urge that you give while learning. This is measurably true, but you are paid, as he is not, and lodged and cared for.

I do assure you that your first hospital year is to us worth little, and that even after you are trained and sent out your first year or two of private work is ridiculously overestimated as to its value by most of you, and to this question I shall return later.

First, then, I should ask that you pay to get an education. It would make you respect yourselves more, and make you duly value what you now get without giving an adequate return. But as there are women, and men too, who have no money, I should also ask that, while all should undergo a severe preliminary examination, in place of worthless certificates I would in all hospitals have a small number of free scholarships, and these should be for three or four who could pass a yet more rigid competitive test on entering and at the close of the term of probation. In a word, I would thus assimilate the conditions to those which govern our schools of medicine. These scholarships, as I said, would not be permanently given until after a period of probation has added to the test of secular education that of the moral and physical qualifications, and be subject to loss in case of obvious unfitness for ward duty.

What should constitute the education to be preëxacted I shall not discuss at length. It cannot be too good. A diploma from a high school or a college would satisfy me, and for those who had it not I should insist on certain qualifications which would be equivalent. This would keep out some. Why not? We physicians are doing this, and our business is not to make all the M.D.'s we can, but to train only such as it is worth while to train.

Suppose the woman to have been primarily accepted by the hospital. In some way I would ease the work of the first year. For six months my pupil should do no nursing. She should be taught ward house-keeping, and what is meant by cleanliness in ward, kitchen, and laundry. Cooking she should learn, and what it does for foods. Lessons in hygiene and instructions in bandaging should be given, and she should learn chamber exercises, massage, some of the ways to use water, thermometry, etc. In our present system she is hopelessly overloaded with studies of what she has to apply daily. There is too much headwork, or, rather, head and body are both overworked at once.

As every head nurse of a large hospital knows, the nurse, especially in her first year, lives up to or beyond the limit of her strength. Too



weary to care for outside interests, apt to be a stranger and friendless, she desires when off duty to lie down and rest. She has expended her fund of energy, so that it is a hardship to go out and walk. I may add that some head nurses are opposed to nurse students amusing themselves outside of the hospital. But what provision is made within for recreation? The possibility of music, books, games, and a gymnasium occurs to me, but, above all, some way to lessen the first year's work is desirable, and some way to limit the number of half-trained nurses.

I do not pretend here to give a complete schedule of all that a course implies. The hospitals are pouring out every year in this city about two hundred and fifty graduate nurses. Many of them are really most unfit, and many never were fit to undertake the work of nursing. They compete with the best of you on even terms for private nursing, and your profession is being loaded with ill-bred, half-trained competitors who are only by degrees tried and rejected by worried physicians. If, then, my plan lessened your number by paid preliminary instructions, it would incidentally correct other ills. For instance, the hours of ward work, and generally of night work, are very often too long. If the first year got rid of much of the theoretic and some of the practical teaching, with less to study thereafter, the ward work to follow would be all the better done, and the student-nurse not so liable to be overtaxed in mind and body.

I am pleased to say that all these changes I advocated in 1892 in a lecture, and that to-day in Johns Hopkins and in some of the London hospitals this course of primary preparative study is in active use.

Permit me here again to point out that you should do as physicians do. A year is given by us to preparation for the intelligent use of the clinical instruction which is to follow. At one time we mixed it all in bewildering confusion.

What has been here urged looks to the hospital for this period of preliminary instruction outside of the ward. There is a better way.

Two distinguished nurse directresses call to my attention the possibility of saving time, money, and much disappointment by having one central training-school to teach all the preliminary knowledge which ought to precede hard work. There are various ways of using such a school. I think it would save us much all round. To this school the hospitals could send their primarily accepted pupils, but other women could use its advantages if so desired. Many women not in training for nurses would use it. Just what its relations to hospitals should be it will be time to consider when the head nurses here agree to ask their Managing Boards to favor such a scheme of a college or school. This is what a head nurse writes of this plan: "Instead of each hospital having teachers for



the preliminary training outlined in your paper, I should like to recommend a central preparatory school where recognized hospital training-schools could send their accepted candidates. It might be better to have these candidates in the wards for a month to find out if they cared to take the course. The theoretical part of a nurse's training could be given in a school-year's course, for which the pupil should pay. The school would have its corps of lecturers and instructors, and the course would include anatomy, physiology, domestic science with class demonstrations, hygiene, bandaging, thermometry, materia medica, dietetics, massage, use and cost of hospital appliances, economy, ethics, etc.

"After passing a satisfactory examination the pupil would be admitted to her school for two-years' practical service. Having finished the theoretical part of her training, she would only receive bedside and class instruction in practical nursing and in the ethics of nursing."

There are many among you, and will be more as the highly educated enter your ranks, who like to broaden their training. Suppose a nurse to have come out of one of the great hospitals where obstetrics is not taught. Her general training is good, but now she wishes the training in obstetrics or in nervous diseases or eye diseases. Where shall she go to receive the three months of desired additional education? Or suppose a nurse from the infirmary for nervous diseases wishes to get for six months the training of a general hospital. She already has what no other school gives as well—admirable training in electricity, hydrotherapy, and all forms of mechanical treatment, as well as experience with hysteria and nervous cases. The general hospitals will not take her except for a full course, and the special hospitals are as unreasonably exclusive.

These added trainings may be of great value. A nurse from the infirmary for nervous diseases is relatively unfit to care for scarlet fever or typhoid. The nurse from the great general hospitals is next to useless in bad hysterics or difficult rest cases. We have to complete their education.

And now a word here as to post-graduate study. At the Presbyterian Hospital their own graduate nurses may return for post-graduate study. To my surprise none ever do so, and yet you call yours a profession. We do not so deal with education. We are constantly returning to the headsprings of instruction for experience and novelties.

Want of accommodation is urged as against giving these privileges, but all of these needs for added training could be secured by allowing the use of outside nurses who should pay for their training and not live in the hospital. It works well in England. Why not here? If, now, as a body you should insist on such privileges, you would surely get them, despite the terrible rigidity of all hospital methods.



Most of all do we still need nurses who are competently trained to take care of the curable insane. For this a nurse should first graduate from a general hospital, and then ought to have two years in a hospital for the insane. Who among you will give to what you call your profession four years, or five years, as we often do? I have rarely known women who would do this.

I have much to do with the insane, and I assure you that to be here competent as a nurse requires a combination of moral and mental qualities rarely met with, and certainly not in the average nurse sent from asylums. And yet it is past doubt that line of nursing which is the highest and most difficult, and the one in which most of our trained nurses utterly fail.

It is, indeed, here that we most need nurses, and nowhere is this nursing adequately taught.

What I have said or hinted as to accomplishments in a nurse applies to the care of the insane with exceptional force. To read well, to sing, to play, or to be ingenious, adaptive, keenly observant, are all required. To be strong in body as well, and to be patient, sweet-tempered, watchful, and, above all, really dutiful and brave, all these qualities are requisite to nurse well the insane or the hysterical.

As a rule, the nursing in insane asylums is underpaid and commands few competently trained nurses. The medical service also, as a rule, is underpaid in these institutions, but I am glad to add that the quality and the training of the nurse and of the doctor in asylums is slowly rising, and will continue to rise.

I have spoken briefly of the qualities which can be trained in hospitals. Outside of their walls new conditions await you, and, let me add, new pitfalls and varied temptations. If you are self-critical, you will learn where your needs or defects lie; if not, you will go on, and, finding that you get fewer and fewer cases, begin to blame the Directories, and everyone except yourself. One of the most serious of human defects is to have no doubt of one's self-competence.

If you complete a case and go out paid, shall you rest sure that you have done well? Have you? I know a few nurses who always ask me if I am satisfied. As to the family, only too glad to be rid of sickness, nurse, and doctor, they say nothing except to their friends, and only the gravest faults are complained of formally. Not very many people keep school for themselves after they are of age, and the result is that moral education soon stops except for the fortunate self-critical few.

Before I close let me add a few words here which may or may not have personal value according to how much you need them or how far you are capable of using what I have said. A woman went to nurse a



patient. She did it admirably. She said to me, "They just let me go without a word of thanks." She was so technically perfect as a nurse in acute illness that I thought it wise to tell her why she went unthanked, and when at the last she said, "and I did work so hard," I saw my way, for I knew her well. "They should have thanked you," I said. "But these are people of moderate means. An illness to them is a calamity which they will feel financially for a year or two. The mother said to me that you had not the smallest consideration for anyone but your patient and yourself." The criticism was just. It did no good, but it was true.

An excellent woman said to me lately: "You are a great friend of the nurses. Why do they so turn a house upside down and make the servants hate them?" Now it is really a sad thing that very generally people complain of the exactions of nurses and of the way their wants and thoughtless claims disorganize households and add difficulties where already there are too many. *We* hear all this; *you* do not. You can have no idea how common is this kind of criticism. I have talked of it before and of the often absurd way in which nurses stand on their dignity.

It all comes down to this. You cannot be in the highest sense a good nurse unless you are a good woman. Thank God, all nurses are not selfish or unthoughtful of others, or exacting, or unreasonable. I have had nurses in my house to whom I shall forever be grateful for showing me how good and efficient a woman may be. I have seen women leave houses where disease and death have been and where every servant was sorry they were going.

When, as happens often, women say to me, "Your nurse is very good, but I never want to see her again," I ask why—I always ask why; and these are actual answers: "She had to be waited on until my servants were tired out. She was forever ringing bells to get done for her what she could easily do for herself." Again: "Yes, an excellent nurse, but absolutely without power to see that we are paying her at terrible cost." Or again, "Yes, she was clean, but very wanting in neatness"—a common complaint.

Suppose that on entering a house a nurse were to say to herself, "Here is a great calamity;" let her reflect that in modern days fever, an operation, a contagious disease, is enormously more expensive than it was forty years ago. Nurses, doctors, all the apparatus of illness has risen in cost. Suppose she said, "Here will be people on the strain, distracted hearts, fear, servants who may or may not rise helpfully to the occasion." Let her finally resolve that she will do her work with as little call on a troubled home as is possible, with thoughtfulness, charity, and perfect consideration. Then a second nurse is needed. Very soon



there is apt to be jealousy, or some lack of will or power to work coördinately with the first nurse. This is very common and very exasperating. Here is want of training. It is a defect of heart, of character, or of manner, or of all three.

I have often wanted to unite the entire self-devotion of the sisterhoods with the perfect training of the secular nurse. Do not misunderstand me here. I do not believe in sisterhoods, and I have seen and admired the union of perfect training and high sense of religious duty combined in the lay nurse; but it is rare, very rare, in your profession and in mine.

Some nurse with the head, some with the heart, some with both head and heart. Nursing knowledge can be got, but nursing, the highest nursing, is more a question of character than of acquirements. Really, believe me, it is a question of goodness, of that side of character which makes for the righteous life, sweet temper, unselfishness, truth—that honesty which is eager to do more than merely to earn wages. I like to say all this, and I delight to repeat what I say whenever I get a chance, that there is a limit to every one's intellectual or technical attainments. There is none to our growth in goodness. And let me say here that such goodness as I crave for the true nurse is the best policy and has commercial value.

I have just let fall a word about the sisterhoods. As these good women are certainly devoted, earnest, and courageous, it is a good thing to know that by degrees they are admitting the need of secular training.

But because work is paid work it has no need to be worse than unpaid work; nor, indeed, is it. These good women will at last match your training. Is there not something they can teach many of you to-day? Yes. It is that all honest work is Christ's work, paid or unpaid. It is how you do it, and with what spirit, that is of moment, and we will be all the better for the thought that we are in His service and bound upon His errands.

Take with you, then, at last, the memory of the words I once said to the assembled best of my own profession. You too go with us where there are risks of war and of pestilence.

Learn, as we should, to feel deeply that you are soldiers of duty, that you are

“To give what none can measure, none can weigh,  
Simply to go where duty points the way;  
To face unquestioning the fever's breath,  
The hundred shadows of the vale of death;  
To bear Christ's message through the battle's rage,  
The yellow plague, the leper's island cage,  
And with our noblest 'well to understand  
The poor man's call as only God's command.'”



## IS NURSING REALLY A PROFESSION? \*

BY A. WORCESTER, M.D.

WITHOUT attempting to define the much-abused word "profession," we can all agree that the practice of medicine is rightly so termed; and as the nurse's work is so closely associated with the physician's, let us compare her work with his to see if modern nursing is not also entitled to be ranked as a profession.

The profession of medicine is both an art and a science. Although of equal importance, medical science during the last half century has made such brilliant advances that the art of healing, curing, and comforting the sick and suffering has been too much neglected. Had it not been for the wonderful rise and progress of modern nursing during these same years this medical neglect would have been more glaring. And, even covered as it has been by the lovely assistance of our modern nurses, still this neglect has given warrant for the otherwise amazing growth of unscientific methods of healing and comforting.

A prominent physician told me the other day that henceforth he should devote his time exclusively to consulting practice. When I remarked that then he would be cut off from knowing his patients he replied that such was his desire, that he cared only for their diseases.

That at first sounds rather cold-blooded. But really it is not so. It is now necessary that some physicians shall be wholly devoted to medical science. And it is also of direct advantage to the sick and suffering that those who are so devoted to the science shall not attempt to practise the art of medicine.

On the other hand, no advance or lasting good can come from those who attempt to heal and cure in defiant disregard of the knowledge God has given us. It is only by appropriating for the relief of the patient each successive discovery that the art of medicine can hope to keep pace with medical science.

The profession of nursing, like that of medicine, is an art dependent upon science; but in nursing, important as is the underlying science, the art must always predominate. In nursing there is no such chance as there is in medicine for devotion to pure science.

This essential difference between the two professions complicates the question we are now considering. Had the question been asked a third of a century ago, before the systematic training of nurses in this

\* An address given at the graduation exercises of the Long Island Hospital Training-School, Boston, June 12, 1902.



country was begun at the New England Hospital for Women and Children, there is no doubt how it would have been answered. Nursing would then very rightly have been held to be only a trade. Not even the old-time nurses themselves would have claimed that it was anything more, and probably they would have also admitted that it was only a poor trade at that. Other trades could be learned by regular apprenticeship, but nursing had to be picked up in the hard school of experience. There were no teachers of nursing. There was not even a text-book upon the subject.

Women who aspired to be nurses had to depend upon their own wits and upon the chance information they might glean from patients and physicians. From the latter not much could be learned, for few doctors in those days knew much about nursing, and not many know much about it now. But from their patients who in previous sicknesses had been well nursed they could learn something. And, in spite of their pitifully few opportunities for learning, some of the old-time nurses certainly knew a great deal about nursing. Only those who were best fitted by nature and by personal trials undertook the work, and of such only the fittest survived. Nor was this true merely as regards physical strength, although only the iron-bodied could endure the deprivations and irregularities of living that the old nurses accepted as matter of course: it was also true as regards the higher qualities of tact, patience, tenderness, and devotion to duty.

Some few of them, no doubt, were Sairy Gamps, but many of them were splendid nurses. And it is a lasting loss that modern nurses, in their self-complacency, have learned so little from them. But the antipathy between the old-time and the modern nurses is not to be wondered at. Neither could understand the other. The old nurse was never ready either to learn or to teach. How could she be? For readiness to learn on her part would be an admission that she did not know everything, and to any such admission she was constitutionally opposed. Moreover, her capital in trade was her supposed peculiar knowledge of the art of nursing, which she was not fool enough to share with her rivals in business.

On the other hand, modern nurses have been so satisfied with their smattering knowledge of the underlying science of nursing that they too often have followed modern doctors in undervaluing the important art of caring for the sick and suffering. The old-time nurses were mistaken in despising the science, but the modern nurses have been even more foolish in missing their opportunities to learn more of the art of nursing. Many such opportunities are being lost.

The art of nursing is very old. Back through the ages it can be



traced to that first district visiting nurse, Phoebe, whom Paul commended to the Romans for having been a succorer of many, including himself. From generation to generation the art has been handed down. And not only from the few old nurses still in practice, but also from families where little ways of comforting have been inherited much that is precious might yet be garnered for the treasuries of modern training-schools.

Sharp as is the contrast between the old and the new nursing, it must be borne in mind that the new, although really superseding the old, is nevertheless and naturally enough supposed to be merely the successor and so the rightful heir of all the properties. The old-time nursing, as we have seen, was at best only a trade. How then can we claim that modern nursing is a profession? Those of us who do so claim must give our reasons. And this is the task I have undertaken.

Let us first consider what are the essential characteristics that distinguish a profession from a trade.

Galen is rightly called the Father of the profession of medicine. Why? Not because he added much to the stock of medical knowledge. No, but because he formulated his famous oath requiring of his disciples that each in turn should impart to his successors all the knowledge he might acquire. This obligation, after long centuries of observance, is still the most important standard of the medical profession.

When, nearly fifty years ago, Theodor Fliedner, who is rightly called the Father of modern nursing, visited the little Bethesda Hospital in Hamburg he found there beautiful nursing. Some years before Elise Aberdieck had taken into her tiny home her friend's husband, who, having been given up to die in the great city hospital, had been laid on a bed of straw in the damp gas-lit cellar. The poor fellow begged to be carried up into the sunshine, and the two brave women in their distress secured his removal and the care of a kindly surgeon. Almost miraculously the man recovered; but while he was yet sick the surgeon persuaded the women to receive a second patient, and then a third. Before they knew it they had a small hospital on their hands, which soon became famous and rapidly outgrew its successive enlargements. It is amusing to look back at their consternation when first asked to admit a female patient. Up went their hands in horror! They knew how to care for men, but as for women patients, how could they undertake it?

At the time of Fliedner's visit Elise Aberdieck and her friend were rightly proud of the institution, and they confidently expected Fliedner's approval. But after careful inspection of their work he blazed out in righteous wrath. For a time they could not understand him. He declared their work to be useless, and that it might better never have



been undertaken. At last through their tears they saw his meaning: they were not teaching other women to be their successors; they were not professional. But they became so. They took in probationers. And the school they then started is the finest school for nurses I have ever seen on either side the ocean.

When Florence Nightingale, with the thank-offering given by the women of England for her glorious service in the hospital at Scutari, founded the school for nurses at St. Thomas's, where women should be taught what she herself had learned at Kaiserswerth, she established the new profession of nursing among English-speaking people. That was ten years before the profession was established here. But since then progress in this country has been marvellously rapid, for which our gratitude is especially due to Dr. Cowles, who not only inaugurated the great school at the Boston City Hospital, one of the first in this country both in age and in fame, but soon afterwards he also established the now world-wide system of training nurses for the care of the insane.

Is it not plain that modern nursing stands this foremost professional test of providing for the instruction of all who wish to learn to be nurses? Indeed, in what other profession is there such liberal provision made for students? In recognition of the invaluable assistance given by the sister profession, the busiest physicians and surgeons give unsparingly every possible aid in the instruction of student nurses. It is true they look forward with hopeful anticipation to the time when they shall be relieved of much of this work by nurses who, having mastered both the science and the art of nursing, shall undertake all the teaching of their successors.

This thought leads me to point out that one of the obstacles to the recognition of nursing as a profession is this temporary dependence upon the medical profession for teaching in schools for nurses. But already it is plain that only the comparatively unimportant science can be taught by physicians, and that the art of nursing can be taught only by nurses. And now that highly educated women are entering the profession, we shall surely soon have nurses who are at least equally able to teach the science upon which the art of nursing depends.

So much for the teaching test.

Another and closely allied characteristic of a true profession is the sharing with all associates every professional advantage. The lawyer, the clergyman, and the physician delight in giving brotherly help to their fellows. They have associations and meetings for sharing their discoveries and for regulating their professions.

Can modern nurses stand this professional test? I wish I could



answer more positively in the affirmative. There are many hopeful signs. Associations of nurses are forming, nursing journals are at last under the control of nurses, books upon nursing by nurses are increasing, more interest is being shown by nurses in the regulation of their profession. But it must be admitted that progress in this direction has been provokingly slow. The modern nurses too often have followed their predecessors in unprofessional ways. They have not helped each other; they have not given cordial support to the nursing associations and journals that are struggling to advance the profession. They have even allowed themselves to be sent out to service by registries controlled not by nurses and conducted not for the nurses' interests, but for the pecuniary gain of others. In these registries were filed away criticisms of the nurses, perhaps containing reflections upon their characters, which the nurses themselves might never see but which nevertheless determined their careers. So long as nurses meekly submit to such servant intelligence-office treatment it will be difficult to maintain that they appreciate their professional privileges and obligations. However, in all those ways wherein modern nurses have failed to assume full professional responsibilities there is improvement already visible; and, after all, it must not be forgotten that there has as yet been very little time for the metamorphosis of nursing. We who belong to a profession centuries old may well be slow to criticise a profession that has not yet outlived its founders.

Another striking difference between trades and professions is that journeymen believe and maintain that they know all that is to be known in their respective trades, while no member of a profession can possibly beguile himself into imagining that he knows anything like as much about his profession as he ought to know.

How is it with nurses? As they are sent forth from their training-schools are they satisfied with their education? Or do they realize that their education is only just begun, and that throughout their lives they must be learning? And do modern nurses as they go on in their life-work realize more and more that what they know in comparison with what they ought to know is as nothing?

Of course, in applying these tests we must in fairness consider the best nurses. Indeed, I doubt if the members of any profession would care to have their profession otherwise judged. The average always seems low.

Some years ago, when studying training-school methods in England, in my eagerness for advice from Miss Nightingale I wrote, begging for an interview. She replied that she was a helpless invalid, that she had to deny herself the pleasure of seeing even her life-long friends, but she



added, "If you should still wish to see me to give or to receive information on any point [regarding nursing] I would gladly make time to see you."

Could there be found any higher proof than that of true professional zeal and humility? Nor is such proof to be found only in exceptional instances. I doubt not that many present will agree with my own experience that this truly professional spirit now generally characterizes the leading nurses in this country.

There are still other tests that we can apply in deciding this question if nursing is really a profession. Trades are most successfully pursued by those who first seek pecuniary returns. But professions can be successfully followed only by those whose primary incentive is higher. And in the application of this test I am sure all will agree that neither lawyers nor physicians can be found who, in their devotion to the law and to medicine, are more truly inspired than are modern nurses by genuine love for their calling. Probably some women have entered the training-schools attracted by the apparently high wages trained nurses receive. The old-time nurses were no doubt generally driven to nursing for their living. And probably it is at least equally true that men likewise sometimes have entered the legal and medical professions with the same motive. If the law schools and the medical schools paid their students monthly wages, still more would enter these schools simply for the money that might so be earned. A better method than this could hardly be imagined for attracting servants from service and for keeping out of the training-schools the ambitious daughters of self-respecting families. Even theological schools have found it necessary to give up bribing into studentship those who cannot afford other professional education.

It is no wonder that, while schools for nurses find it necessary to pay their students money allowances, nursing is still so generally denied its proper professional status. But happily this custom is passing. And the best training-schools now offer their students, instead of wages, larger educational advantages. The natural result has followed. Young women whose education and ideals are of the highest are now entering these schools. No longer can it be said that no training-schools for nurses afford fitting educational opportunities for college graduates.

But I am already discussing the most important test by which our question is to be decided. For, after all, the real difference between a trade and a profession is in their different educational requirements. A true profession requires a liberal education, and also affords opportunities for gaining it. Can nursing stand this final test?

It is easy enough to criticise the training-schools of the present. None of them require anything like the preliminary education that is



required by other professional schools. And yet it is only within most recent years that more was required by the medical or legal or theological schools. So it would be most unfair to deny true professional status to nursing on this count. That the new profession in its evolution is behind other time-honored professions is no wonder. But its rate of progress is, nevertheless, wonderful.

We must, however, admit that in training-schools for nurses there is still woful lack of uniformity in the curriculums offered and, consequently, in the requirements for diplomas. For the nursing profession there are as yet no government requirements, such as always have safeguarded the legal and latterly have been enacted to safeguard the medical profession. But strong movements are now tending towards such provision in many of the States. And as the nursing associations gain strength, nurses will undoubtedly succeed in bringing the training-schools up to a decent standard. Till then we must admit that nursing is being defrauded of its proper status by the schools that send out their incompletely educated graduates. But here again account must be taken of the prevalent custom of nurses who have had only partial training to take post-graduate instruction in the departments of nursing in which they are ignorant. And further improvement in this same direction is also apparent in the combining of different courses of training, a movement that has already gained considerable headway.

The chief criticism deserved by the training-schools is that they are not primarily and distinctly educational in their purposes and methods. On the one hand, the training-schools of the large hospitals do not give a general training. Some do not include contagious service, some have no midwifery service, while others have only female patients, and almost none pay any attention to the equally important departments of private family nursing and visiting nursing. Indeed, some of the hospitals for special diseases maintain what they call training-schools and graduate their nurses, who, of course, have had no general training, as nurse specialists. This is entirely indefensible. For, while it is quite right for a nurse to devote herself to a specialty, just as it is for a physician to do so, it is similarly not a professional procedure unless she has first had a general training.

On the other hand, in many of the training-schools of the small hospitals which afford more general training the nurses are employed for a part of their studentship as money-earners for supporting the hospitals. It would be hard to say which schools are the worst. Both kinds fail to appreciate the high importance of educational ideals. No truly educational institution can ever be subordinate to utilitarian purposes. What sort of a medical school could be run by a hospital for



the hospital's benefit? It is precisely the same with schools for nursing. If either institution might properly include the other, surely the educational should include the eleemosynary, as is the custom in the deaconess schools for nurses abroad. In this country the cart is ahead of the horse.

But in spite of these grave defects of the training-schools, which admittedly hinder the advance of nursing, even the educational opportunities now offered to student nurses are still not so insufficient as to debar modern nursing from full professional standing. For in nursing it is not the science upon which the art depends, but rather the art itself, that is of most importance. And, as in every other art, so in that of nursing, the art can be learned by the student nurses only in personal imitation of those who possess the art. Until recently it was possible for students to enter the professions of law and of medicine by such apprenticeship to master practitioners. And the saving educational quality of all training-schools is to be found in the opportunities they afford to the students to work under master nurses.

Not to the lay managers of the training-schools, not to the medical staffs of the hospitals, nor even to the volunteer physician instructors, must we look in testing the educational value of the schools for nurses, but rather to the superintendents and to the head nurses under whom and with whom the students are privileged to work.

With our examination thus directed we cannot decide against the schools. For a nobler company, more truly inspired by highest educational and professional ideals, than the superintendents of our American training-schools cannot be found.

We have now applied five tests in our attempt to decide the question if modern nursing is really a profession. And we have found (1) that in teaching their successors, (2) that in sharing professional advantages and in making their own professional regulations, (3) that in acknowledging the need of continuous study, (4) that in pursuing their profession not primarily for pecuniary gain, and (5) that in requiring sufficient education of those who enter the profession, modern nurses have attained full right to professional standing.

But nurses if they desire their professional rights must demand them. For until nurses understand and assume their professional privileges and obligations there is little hope of any general recognition of the fact that nursing is a profession.

When, many years ago, I was admiring the stand taken by a physician who had refused a rich patient's bribes and importunities that he should slightly disregard professional etiquette, the noble old doctor said, "Well, I cannot say that the medical profession has not sometimes



been insulted by the treatment accorded me, but I can truthfully say that I have never allowed a repetition of the offence from the same source."

No kinder man than he ever lived. But he was most sensitive to the honor of the profession he loved and adorned.

In wishing for nurses a like regard for the honor of their profession I would not for anything be understood to advocate that foolish stickling for personal privileges which is sometimes so ludicrously and at the same time almost pathetically manifested.

A graduate nurse lately in expressing her contempt for another remarked: "She don't know nothing. When she arrived she carried her own valise up the stairs."

In their fear of being taken for servants nurses have too often made themselves ridiculous. What matters it to the real nurse at what table she is asked to sit? In some households the most honorable seat is at the servants' table. The nurse who is mindful of her mission will never upset the domestic arrangements of even the most unrefined families. She can well afford to excuse the ignorance of fashion's fools. She has all the privileges of impersonality. But, if she would jealously guard the honor of her honorable profession, she must not for any however high salary undertake lady's-maid service.

Nursing is service to the helpless, but only to such. No physician who values his professional standing will accept valet service. Nor is this obligation of holding strictly to the proper work of one's profession any less binding upon nurses. Unfortunately, this obligation has not been generally recognized. It may well be said, by way of excuse, that it is far more difficult for the nurse than for the physician to hold fast to this standard. The physician has daily chances of withdrawing from service that he finds to be no longer strictly professional. But the nurse who is caught at a case where from the outset merely maid service is needed and expected, or, as more commonly happens, where, after convalescence, there ceases to be need of nursing service, in such situations the nurse may have the greatest difficulty in withdrawing. Moreover, nurses are engaged ahead, not for the period when nursing service shall be needed, but for a certain number of weeks or months, during a part of which time their professional services probably will be needed.

It is not within my present limits to point out the remedies, which I nevertheless believe are within reach, for these hindrances to the professional advance of nursing. I purpose now only to point to the facts. And after making all allowances for these inherent difficulties, the charge must still be made against many modern nurses in private practice that their methods and customs regarding their own employment



are unprofessional. But even if nurses in private practice are admitted to be faulty in this respect, it must not therefrom be inferred that nursing is not a profession. Indeed, were it not a profession, there would be nothing to criticise in these servile business-like customs.

Happily the profession of nursing does not have to be judged by the private nurses alone. There are the district visiting nurses, who have the largest opportunities for exemplifying nursing ideals. If we consider their work, we shall not find anything in it unprofessional. It is the oldest form of nursing and it is the highest. And in deciding this last phase of our question, if modern nurses themselves recognize nursing to be a profession, we surely have the right to take any class of nurses for the test. Let us then rest our case upon the district visiting nurses, who in all parts of the world are so gloriously upholding the highest professional standards. No observer of their work can doubt that they fully realize the fact that nursing is really a profession,—a fact that their work makes most plain.

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## HYGIENE OF THE HOUSEHOLD

By EVELEEN HARRISON

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(Continued from page 670)

BATHS will be a good subject to talk about this summer weather, as even the very thought of one is refreshing, whether it means a dip in the rolling surf, a cool swim in lake or river, or even the morning plunge in the limited space of a bath-tub.

It is hardly necessary to urge the importance of the daily bath in summer, as it is in winter, for the majority of people are only too glad to be cooled off at any expenditure of time and trouble, but when the weather grows cooler and the water colder it requires a certain amount of moral courage to keep up the daily bath. The habit once formed, however, the loss of the bath will be felt almost as much as the loss of one's breakfast.

In the days long past, "the good old days" (?), as they are still called by some, Saturday was "tub night," and a weekly bath was considered quite sufficient to meet all the requirements of personal cleanliness! indeed, many people regarded it weakening, if not unhealthy, to bathe oftener, but we have learned differently in these days of hygiene and physical culture.

I think we have an excellent example in the regularity with which



"baby's" bath is administered by all mothers. How much it conduces to the health, comfort, and happiness of the little one, and how naturally they delight in it when given with care and gentleness.

Why should men and women—with far more necessity for bodily strength, restful nerves, and comfort—be deemed not to require this health-giving function? Let me tell you what it does for us.

The skin, as you know, is one of the most important organs of the body, as it excretes waste material by means of the sweat-glands. These small glands lead up to the surface of the body and terminate in little pores, which are to be found all over the body to the amount of more than two million, and they excrete somewhere about twenty ounces of perspiration on an average during the twenty-four hours.

Now you will readily understand the importance of keeping these pores open by daily bathing, so as to allow the perspiration egress from the body, and to wash away the overplus that is not absorbed by air or clothing.

Anyone who prides himself on a good appearance, clear complexion, and healthy color (and who does not?) will be unable to do without a daily scrub to prevent the pores being clogged up.

Baths in time of sickness are of the first importance, and in another article I hope to describe how they may be given in their different forms, so as to relieve and refresh the invalid, but at present we will only discuss personal cleanliness.

Cold baths should be taken in the early morning, the shower-bath being by all odds the best form; but that is not within the reach of everyone, and may very well be replaced by the cold sponge or a quick plunge into the bath-tub, followed by vigorous rubbing.

Before taking these cold baths in any form a few moments should be devoted to physical exercises to tone up the system.

Almost everyone feels a little below par on rising in the morning, and it is more or less of an effort to face a cold bath; but just give yourself up to a few swings at the clubs or dumb-bells or some simple calisthenic exercises until the body is in a warm glow, then the cold bath and a brisk rub with a rough towel, and you will be ready for the day, with a delightful freshness you cannot otherwise obtain.

These rules apply for summer and winter, to both young and old. No complicated apparatus is required for the exercises, they may easily be taken without any implements, and if you will throw in a dozen or more deep breaths, holding the breath while you count twenty, you will renew your youth daily.

Twenty minutes in all is quite sufficient for exercises and bath. Warm baths are enervating if you remain in the water more than ten



minutes, but hot baths are very stimulating. Many people who suffer from insomnia find a warm bath at night soothing and restful, where a very hot bath would excite the nerves and cause wakefulness.

If quite unable to summon up courage for the cold bath, try sponging the neck, arms, and chest with cold water after the warm tub, and you will be greatly refreshed.

Salt baths are most invigorating and easily obtained, even if one is not within reach of the ocean. Buy some bags of sea-salt, and use about a quarter of a pound to every gallon of water, rubbing the body well with the hands while in the water to cause a good reaction.

I visited a sanatorium about two years ago, and the most refreshing bath of all the various forms that were given was what they called a salt rub. The attendant rubbed the whole surface of the body vigorously with handfuls of wet sea-salt until the skin was red; then a large spray was played over the body from all directions, especially up and down the spine, and after being briskly rubbed with rough towels ten minutes' rest was taken wrapped in blankets on a lounge. I have seldom been so refreshed as after such a bath, and it might easily be taken by anyone in his or her own bath-room.

Should there be any eruption on the body, such as prickly heat, hives, etc., use bicarbonate of soda in a basin of warm water and bathe gently without rubbing.

One rule requires to be strictly observed in reference to bathing, namely, always allow an hour and a half to two hours to elapse between eating and bathing, otherwise digestion will be checked, and a severe sick headache with nausea may be the result.

A word in regard to servants' baths before I close. There is nothing so disagreeable in a house as a servant who is not clean about her person and who leaves the dreadful odor of perspiration in every room she enters, and yet many times she is not to blame. In the majority of houses servants are denied the use of the bath-room, and yet have no facilities for taking a bath beyond a small basin of cold water in a cold room or the wash-tubs!

Few servants have the time or will take the trouble to heat a pail of water and carry it up three or four flights of stairs for a bath, even once a week, when the fact is that their work requires so much bodily exercise that a bath of some kind daily is a necessity if they are to be fresh, clean, and healthy. In some of the most luxurious homes I have entered while practising private nursing it has come to my notice that the servants are utterly neglected in this important point, and in many homes during winter their rooms are so wretchedly cold that it would take more moral courage than human beings possess to face a bath of any



kind. A little forethought on the part of the mistress, both as to the arrangements for bathing and time to bathe in, would surely find a way out of the difficulty, and, of course, the force of example goes for a great deal; when the servants find that their mistress makes a special point of the daily bath (which, alas, is not always the case) in nine cases out of ten they will overcome many difficulties to follow her example.

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## A PRELIMINARY REPORT ON THE TRANSMISSION OF PATHOGENIC GERMS BY THE COMMON HOUSE-FLY

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[At this season, when the common house-fly is so much in evidence, extracts from the following reprint from the *Journal of the American Medical Association* are timely.—ED.]

WILLIAM HAMILTON GIBSON, the naturalist and artist, called attention to a troublesome parasite of the house-fly, the microscopic, red, false scorpion. A careful scrutiny of a sheet of adhesive fly-paper in use will show many victims of this inconvenient little handicap, which, once anchored to the fly's leg, remains there, an animated and persistent tag.

A more serious and fatal enemy is the fly fungus, which "silences more house-flies than all the traps and poisons devoted to their extermination." This germ-scurge of flies kills them swiftly, and continues to grow with such rapidity that it perforates the body of its host and spreads around him on the wall or window-glass a white shroud of mould from which spores are wafted, to the peril of next year's flies. That the house-fly acts as host to this fungus is apparent to anyone who will examine with a hand-lens one of the suspended and inanimate forms seen often during the fall months.

The habit of affording houseroom, whether willingly or unwillingly, to all comers brought *Musca domestica* prominently before the profession in the last decade, when he fell under suspicion as a carrier of infection in acute intestinal diseases.

The investigation of the Army Medical Commission during the Spanish-American War practically established the fact that the fly is an important factor in the dissemination of typhoid fever.

Victor Vaughan, a member of that commission, stated that flies undoubtedly served as carriers of typhoid infection, giving as reasons for his belief: "They swarmed over fecal matter in the latrines. They



visited and fed on food prepared for the soldiers in the mess-tents. In some instances, when lime had been recently sprinkled over the contents of latrines, flies, with their feet whitened with lime, were seen walking over the food. Officers whose mess-tents were protected by means of screens suffered less proportionately from typhoid fever than those whose tents were not so protected. Typhoid fever gradually disappeared in the fall of 1898, with the approach of cold weather and the consequent disabling of the fly."

This possibility has been foreseen, for Surgeon-General Dr. Sternberg issued a circular in April, 1898, giving careful directions concerning hygiene, stating: "No doubt typhoid fever, camp diarrhoea, and probably yellow-fever are frequently communicated to soldiers in camps through the agency of flies, which swarm about fecal matter, . . . and directly convey infectious material attached to their feet, or contained in their excreta, to the food which is exposed while being prepared at the common kitchen or while being served in the mess-tent."

An Italian scientist, Celli, demonstrated in 1888 that flies fed on the pure cultures of bacillus typhi abdominalis were able to transmit virulent bacilli into their excrement, and the agency of flies in the transmission of the spirillum of Asiatic cholera has been observed by many scientists.

Dr. L. O. Howard, of the United States Board of Agriculture, recently published the results of experimental work with the house-fly and other diptera extending over a period of five years. He considered that from a scientific and practical viewpoint there was needed a careful investigation of the insect fauna of human excrement, and especially of the flies that breed in human excrement or are attracted to it. Of the seventy-one species of diptera that were found breeding in or frequenting human excrement, the common house-fly (*Musca domestica*) is reported "abundant;" as also its near relatives, the little house-fly (*Homalo-myia canicularis*), "moderately abundant," and the stable-fly (*Muscina stabulans*). To ascertain the practical bearing of this fact numerous collections were made of the diptera frequenting kitchens and pantries. "In all twenty-three thousand and eighty-seven flies were examined which had been caught in rooms in which food supplies were ordinarily exposed, and which may safely be said to have been attracted by the presence of these food supplies." Of this number 98.8 per cent. were the common house-fly, while the little house-fly and the stable-fly composed one-half of the remainder.

Dr. Howard gives an opinion: "That *Musca domestica*, . . . in such cities and towns, or in such portions of cities, as are well cared for and inhabited by a cleanly and respectable population may not be



considered an imminent source of danger; it is . . . under other conditions a factor of the greatest importance in the spread of intestinal diseases."

Of the biting fly (*Stomoxys calcitrans*) Dr. Howard states: "They resemble the house-fly very closely. The fact that they enter houses before storms gives rise to the common expression, 'Flies begin to bite before a rain.' From their biting and blood-sucking habits this insect has been suspected, in common with the true horse-flies, of carrying the bacillus of anthrax, or malignant pustule, and there is no reason why it should not transfer any blood-inhabiting micro-organism from domestic animals to man or from one man to another."

Of another very minute fly (*Hippelates flavipes*) Dr. Howard says: "The flies are very abundant, especially in the South, where they are found swarming about the eyes of animals and human beings. They are said by Hubbard to be responsible for the transmission of the disease known as 'pinkeye' occasionally prevalent, especially among school-children in Florida. The . . . species is perhaps often responsible for the carriage of putrefactive germs to open wounds, and is indirectly the cause of blood-poisoning."

From the foregoing statements may we not expect to find the ever-present house-fly a direct factor in the transmission of the micro-organisms of wound infection?

It has been said that the mosquito carries with her the most perfectly constructed of inoculators, and the house-fly has, in the specialized structure of each terminal tarsus, a well-adapted brush for the transmission of adhering germs. The pads, or so-called suction discs, on each foot are rayed with minute hairs, which again terminate in more minute discs; and Chambers states that the last named "exude a liquid substance which probably serves to make adhesion more perfect." In experimenting it was found that every footprint of an infected fly on sterile culture media was followed by a discrete colony of the germ, thirty to forty distinct colonies sometimes appearing after one journey of the fly across the surface of the culture media.

In the experiments that follow common house-flies were used. They were caught in the kitchen of a dwelling-house, in a physician's office, and in one instance in a lying-in chamber. They were confined separately under reversed tumblers placed on note-paper. A watch-glass containing a small portion of the infected material was thrust under the tumbler, and when curiosity had taken the fly across the material he was seized with a sterile forceps wrapped with cotton, and liberated just at the mouth of a tube of sterile blood-serum. One stroll across the culture media and the tube was inverted over the flame of an alcohol lamp, which



incinerated the fly and sterilized the mouth of the tube. The cotton plug and rubber cap of the tube being adjusted, it was placed in an incubator at 37° C. for twelve hours.

The tubes of sterile culture media were obtained, prepared for use, from a well-known laboratory.

On September 7 the dressings from an infected hand were obtained. The dressings were soaked with blood-serum. There were several areas of greenish and bright-green pus, and an offensive odor diffused on opening them. The surgeon stated the wound had shown an obstinate phlegmonous extension with localized œdema. A portion of the dressing was placed under an inverted tumbler and two flies confined with it. They immediately lighted on the dressing, crossing it repeatedly before preparations were completed for removing them. In a few moments they moved slowly and appeared quite stupid.

Fly A was assisted into a tube of sterile blood-serum with sterile forceps.

Fly B walked into a second tube through a perforation in the note-paper over a tumbler.

In each case, after the fly crossed the surface of the medium, the tube was inverted over an alcohol flame, destroying the fly; the mouth of the tube and cotton plug were flame-sterilized, the plug and rubber cap adjusted, and the tubes placed in an incubator. After eighteen hours these tubes were removed from the incubator and presented practically the same appearance; the surface of the medium was freely dotted with small brown colonies; the upper surface of the medium presented a pale-greenish tint. Three days later inspection showed the colonies entirely coalesced; the upper one-half of the media in each tube was a deep bluish-green, the lower one-half a dull orange; liquefaction of the media had begun at the lower end of the slant. Coverspreads made from these cultures and stained with Loeffler's alkaline methylene blue showed a pure culture of a small bacillus with rounded ends. . . .

All of the cultures, when opened, emitted an offensive and purulent odor. From all of these characteristics the germs were identified as the bacilli of green pus. The bacillus of green pus, Gessard's micrococcus pyocyaneus, or the bacillus des grün-blauen Eiters, is a widely distributed germ, found in purulent and serous wounds and in the viscera of human cadavers. It is an aërobic, facultative anaërobic, liquefactive, motile, chromogenic and pathogenic germ; in its chromogenic function two pigments are formed, one fluorescent green, the other blue pyocyanin.

The satisfaction felt on coming into possession of a germ so easily identified and tenacious of existence has increased each week, as other experiments much less satisfactory were undertaken. . . .



On November 2 a fly was confined with some sputum from a case of bronchitis in its fourth week. A cover-glass spread of the sputum showed diplococci, tetrads, and many staphylococci and streptococci. Two tubes of blood-serum were infected by the fly, and after forty-eight-hours' incubation showed manifold and surprising growths. Prominent among the colonies were several of a golden-yellow color and glistening surface. From these colonies cultures were made on the various diagnostic media. A streak culture on Loeffler's blood-serum made a rapid growth, the growth elevated, with wavy edges and a shining golden surface. A streak culture on Koch's blood-serum developed less color and sunk into the medium, channelling a bed for itself, otherwise the medium did not liquefy. On nutrient agar the growth was rapid, of a creamy-white color, with yellow at margin of growth. A gelatin stab culture showed a cloudy liquefaction following stab. Stained cover-glass spreads of the blood-serum cultures showed masses of small cocci, which were identified as the staphylococci pyogenes aureus.

Two tubes inoculated with flies taken from a lying-in chamber early in September showed after incubation one sterile tube and one tube containing many colonies of orange and white sarcinæ; these germs are non-pathogenic, and appeared sooner or later in a majority of the cultures produced by fly-infection.

On one of the tubes—fly-infected from the case of salpingitis—a single colony of bacillus prodigiosus appeared. This germ grows with the production of a brilliant orange-red pigment and is the origin of the miracle of the supposed bleeding wafers. It is non-pathogenic, but its chemical products are toxic and form a part of the Coley sarcoma mixture.

Moulds grew so rapidly on many of the fly-infected tubes that only a few are presentable for inspection, suggesting the probability that flies are often fungus-ridden whether transmitting pathogenic germs or not.

The moulds appeared more rapidly and certainly the last month than the first, and also during the past four weeks the flies have walked less briskly across the surface of media, dragging across; the colonies were not discretely rounded.

During the experimentation forty-four culture tubes have been subjected to fly-infection; of this number forty-one tubes showed colonization at the end of forty-eight hours, three tubes remaining apparently sterile.

The following germs have been transmitted by fly-infection and isolated and pure cultures obtained: Pathogenic germs—bacillus pyocyaneus, staphylococci pyogenes aureus, bacillus typhi abdominalis, bacillus coli communis; non-pathogenic—bacillus prodigiosus, sarcinæ aurantia, sarcinæ alba, moulds, and fungi.



## LEAVES FROM THE NOTE-BOOK OF A BELLEVUE NURSE

### LECTURE V.—SECRETIONS—DIGESTION—ABSORPTION

(Continued from page 596)

#### SECRETIONS

SECRETIONS are fluids that do not exist in the blood or body, but are formed by certain membranes or glands from material found in the blood. They have a specific action in carrying on the vital forces, and when the action is over they are reabsorbed into the blood in the form of the substance from which they were first formed. They are as a rule secreted not continuously but intermittently.

#### *True Secretions*

(1) Synovia; (2) Mucus; (3) Serum; (4) Sebaceous matter; (5) Cerumen; (6) Milk and Colostrum; (7) Tears; (8) Saliva; (9) Gastric juice; (10) Intestinal juice; (11) Pancreatic juice; (12) Bile.

SYNOVIA.—Synovia is the fluid that lubricates the joints. It is secreted by a smooth membrane and is very viscid, alkaline, colorless or pale yellow. These membranes are called synovial, and exist in the body in three forms, articular, bursal, and vaginal (synovial sheaths).

MUCUS.—Mucus is a fluid of a semi-opaque character and is alkaline. It is secreted by the mucous membrane, which lines cavities of the body that open into the external air. It contains an organic principle (mucin) that is imperfectly coagulated by heat, but readily so by acetic acid and to a less extent by the mineral acids. The latter in excess redissolves it. This fact must be remembered in examining urine, as mucin is often mistaken for albumin.

The uses of mucus are principally mechanical—lubricant and protective; but it likewise prevents the absorption of venom. The venom of reptiles and insects swallowed is not poisonous for that reason.

SERUM.—The serous membranes line the closed cavities of the body and normally secrete a thin fluid in sufficient quantity merely to moisten the surface and prevent friction.

SEBACEOUS MATTER.—This is an oily secretion, secreted by glands that exist in all places in the skin that contain hair, and these glands are usually connected with a hair follicle. The uses of this sebaceous matter are for lubricating and softening the skin and hair and preventing absorption by the unbroken skin. The skin of a foetus at birth is often covered by a white, oily substance (vernix caseosa), which



is sebaceous matter secreted by these glands. The Meibomian secretion is likewise an oily substance like sebaceous matter, and is produced by little glands along the edges of the eyelids, and prevents the overflow of tears on the cheeks.

**CERUMEN.**—This secretion, semi-solid, is of a peculiar waxy nature, very bitter, and is secreted by small glands found in the external ear. It is for lubricating and protection, and its bitter taste prevents insects entering the ear.

**SALIVA.**—This is a viscid fluid secreted by the salivary glands that are situated in the mouth and throat. There are three large ones, parotid, submaxillary, and sublingual, and many small ones. There are about forty-five to fifty ounces of saliva secreted in twenty-four hours. It is alkaline, its specific gravity is 1004 to 1008, and it is composed of an organic substance,—ptyalin or diastase,—inorganic salts, and water. The uses of the saliva are to keep the mouth moist, to facilitate speech, and to moisten food and make it easy to swallow. In addition to these mechanical qualities it begins the digestion of starch. This action is due to the ptyalin.

**GASTRIC SECRETIONS.**—The mucous membrane of the stomach contains glands, and these glands have cells that secrete the gastric juice. The action of these cells, like that of the salivary glands, is intermittent, being induced by the stimulus of food. The stomach has an external serous coat, a middle or muscular coat, and an internal or mucous coat. The muscular coat undergoes peristaltic contractions during digestion and forces food into the duodenum. The stomach has two openings, cardiac and pyloric. The capacity of the stomach is five to eight pints.

**GASTRIC JUICE.**—This is a thin, yellowish fluid; it is acid in reaction, and is composed of two organic substances, pepsin and rennet ferment, and a free acid, hydrochloric. Besides these ingredients there are several salts and water.

Foods that are taken into the stomach are divided into three classes, viz.: (1) albuminoids or proteids—eggs, meat, casein, vegetables; (2) carbohydrates—sugar, starch, oils, and fats; (3) inorganic substances—phosphates, iron, etc. As has been said, starches are acted upon by the saliva, but are not acted upon to any extent beyond hydration by the gastric juice. Salt may be decomposed and absorbed by gastric mucous membrane. The chief action, therefore, of the gastric juice is upon proteids. Many foods, as oatmeal, rice, bread, etc., contain both starch and vegetable proteids. Pepsin and rennet ferments are not directly formed by the cells of the glands, but in the intervals of digestion are stored up in the form of an antecedent substance, zymogen. When proteids are taken into the stomach digestion begins, then the



zymogen is poured out upon the food and there meets free hydrochloric acid, which converts it into an active ferment. Pepsin and rennet ferments, in conjunction with hydrochloric acid and water, begin to act on the proteids first, hydrating them and then changing them into an acid albumin or syntonin. Then by further digestive action they are changed into primary and secondary proteoses, and by further action into peptones, and are then ready for absorption and assimilation. This process is called gastric digestion. The rennet zymogen is likewise converted into active ferment by hydrochloric acid, and its use is to act upon casein of milk and prepare it so that pepsin can digest it.

It can be seen, therefore, that the principal action of the gastric juice is to act upon the proteids, digesting completely some of these, and preparing the others for the action of the intestinal juices. The duration of gastric digestion is from two to four hours. Many things modify this, as fever, nervousness, etc. There are many proteids that are easily digested, as milk and eggs (raw and soft boiled). Fish, lamb, beef, and mutton are the easiest meats to digest, while pork and veal are very hard to digest. Stomach digestion is not entirely essential to life, as by actual experiment it has been proven that the stomach can be done away with and yet life be preserved.

**INTESTINAL JUICES.**—The small intestines are about twenty-five feet in length and are composed of three coats,—external (serous), middle (muscular), and internal (mucous).

There are three different and distinct fluids forming the intestinal juice, viz., intestinal, pancreatic, and bile. The first is secreted by the glands in the mucous membrane and has comparatively little action in digestion. The second, or pancreatic juice, is the most important part of the intestinal juice as far as digestion is concerned. It is secreted only during digestion by the pancreas, an organ situated just back of the lower border of the stomach, which is about six inches long and weighs from two to four ounces. The pancreatic juice is viscid, clear, and alkaline, and is composed principally of three organic substances, amylopsin, trypsin, steapsin, and some inorganic salts. These organic substances are ferments, and are stored up in the pancreas in the form of a zymogen or antecedent ferment, and when poured out into an alkaline medium become active ferments. The pancreatic juice by virtue of these substances has three distinct actions, viz.: the amylopsin digests sugar and starch, converting them into glucose, the trypsin finishes the digestion of proteids coming from the stomach, and the steapsin acts upon oils and fats, converting them into a fine emulsion, so that they can be absorbed by the lacteals and then be assimilated.

(To be continued.)



## BOOK REVIEWS



### "THE CASE AGAINST HOSPITAL NURSES"

NURSES who are in danger of becoming inflated by too good an opinion of themselves are advised by all means to read an article called "The Case Against Hospital Nurses" in the *Nineteenth Century* for April by a Miss Johnstone. If after rising from a perusal of her indictment they can find any words except the meek appeal, "Please excuse me for living," then we fear that, indeed, Moses and the prophets would warn them in vain!

However, let us not treat Miss Johnstone with levity. She says that nurses *as a class* are a trial in a house, dreaded by the family who has to have them. She calls them "offensive in their general behavior," "unsympathetic," "indifferent" to suffering, and in the hour of death "callous" even to "brutality." She insists that these characteristics belong to the whole profession, and only allows that there may be a few exceptions. She explains some of these defects in nurses by assuming that in their hospital training they receive "harsh, if not brutal," treatment; that they work under such conditions that they are bound to deteriorate, and that no one cares if they do deteriorate; that, in fact, no one cares about their personal character if they do their work, etc., etc. Miss Johnstone admits incidentally that nurses do their work well, effect marvellous cures, and save many lives; this, however, is a grudging admission, and it is not a thing that they are to place to their credit,—not by any means to be weighed in the balance against their general unpleasantness! The entire article is a wholesale hash of indiscriminating assertion. No proofs whatever, no evidence, no illustrations does she condescend to present by which to fortify her position. It is singularly lacking in that careful exactness and discrimination in statement which nurses are taught as the first essential of the scientific accuracy needed in their work. In fact, the article has every mark of being "written to order," and *Nursing Notes* has this comment:

"This is not the first time that the editor of the *Nineteenth Century* has admitted to its pages an attack upon nurses. We remember many years ago the part played by this journal in the time of a hospital crisis, when the publication of an article by Miss Lonsdale concerning the nursing department at Guy's Hospital, then being slowly reorganized, put back the clock of nursing reform, not merely at Guy's, but throughout the nursing world, for at least ten years."

The English nursing journals all have notices of the article, and take the same tone that we would take: that while we do not claim to be perfect, we resent a wholesale charge of being worse than we really are. Miss Isla Stewart and Mr. Sydney Holland had articles in the following issue of the *Nineteenth Century* showing the injustice and limited knowledge of Miss Johnstone. Mr. Holland defended the nurse chivalrously, as his wont is, and Miss Stewart with excellent temper and strong sense pointed out the glaring errors Miss Johnstone makes. She refers to the training in hospital, and says, what every woman in a hospital position has noticed, that the majority of pupils develop under their training into "upright, conscientious, self-respecting women, ready and fit to



take their place in the world as respected citizens," and she maintains that nurses are, "for the most part, hard-working, womanly women, with the faults that belong to other women, but with the better part of their nature and character developed and strengthened by contact with much suffering, the exercise of much self-denial, and a cheerful submission to duty."

The insinuation of hard-heartedness is no new one to nurses. Have we not all felt indignant at having some unthinking laywoman of the Miss Johnstone type say to us, "Oh, I don't see how you can bear to do all these things; now, I am so tender-hearted that I can't endure the sight of pain."

Meantime, as the public swallows every supply of nurses and ever demands more, we may cheer up, and hope that everyone has not so bad an opinion of us as Miss Johnstone.



CHICAGO HOSPITAL SCHOOL.—From *Charities* we quote the following:

"An experiment that is predicted to be of much value scientifically is a series of investigations as to the effect of certain foods on the physical and mental development of children, and now being conducted at the Chicago Hospital School for Nervous and Delicate Children.

"These investigations will probably cover a period of from one to five years, the main purpose of the research being to formulate, if possible, a dietary for children of from five to fifteen years.

"Foods are prepared according to certain prescribed recipes, and the children are permitted to eat sparingly or generously, whichever they choose. All foods are analyzed before cooking. After cooking, each child is served with carefully weighed portions best suited to his individual tastes, need, and capacity. The uneaten portion is weighed so as to get accurately the amount of food consumed.

"Each day the urine and fæces are carefully analyzed by medical men, and the accompanying mental and physical expressions are carefully watched and daily recorded to show deviations from normal. Special teachers and trained nurses make these observations.

"The hospital school was founded two years ago, and serves as a pædological laboratory for the University of Chicago.

"A limited number of children are taken, fourteen now being in residence at the school. Children from all parts of the United States have been sent to the school for medical and educational care.

"The Board of Trustees are planning to have an ideal hospital building for children, with special provision for educational work.

"The University of Chicago is the only university in the world that has a working pædological laboratory where the physical care,—hygiene, diseases of children, etc., with accompanying mental conditions, may be studied and watched."



# NOTES FROM THE MEDICAL PRESS

IN CHARGE OF

ELIZABETH ROBINSON SCOVIL



THE WINDING-SHEET OF CHRIST.—The *Medical Record* says the Paris correspondent of the *Lancet* writes that M. Vignon recently read a most interesting paper before the Academy of Sciences and exhibited some photographs which he had taken of the winding-sheet preserved at Turin and traditionally said to be that of Christ. This winding-sheet has on it certain markings printed in a brown color which, when photographed, gave a white imprint, as does a negative when printed from. These markings therefore act as a true negative, and M. Vignon has shown by certain very careful experiments that cloth impregnated with oil and aloes, as was the winding-sheet in question, will receive an impression when in contact with ammoniacal vapors such as would be given off from a sweat very rich in urea, as is the case in the sweat of a person dying a lingering and painful death. Any idea of fraud need not be considered, for no one has touched this winding-sheet since 1353, and no painter at that date had the skill to reproduce such an exact drawing. The impression of the head is excellent. The wounds produced by the crown of thorns and the marks of the blood-drops are quite obvious. The wound in the side and even the marks of the stripes on the back produced by the flagellation are also quite evident. Each of these stripes has at its end an enlargement such as would be produced by a cord with a ball of lead at the end. It is well-known that this form of scourge was employed by the Roman soldiers, and such a one was found at Pompeii. Finally the marks of the nails in the arms are not in the palm of the hand, but show that the nails were driven through at the level of the wrist. M. Vignon's paper has created an extreme interest in the scientific and religious worlds.

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EXPERIMENTS ON DISINFECTION.—The *Philadelphia Medical Journal* says experiments have recently been undertaken upon disinfectants for the London County Council. According to the summary presented by the council's medical officer typhoid bacilli were destroyed by carbolic acid (1 to 5), by potassium permanganate and bichloride (1 to 1000), and by formalin and sulphur dioxide. Anthrax bacilli and spores were only destroyed by bichloride of mercury, and this with carbolic acid alone killed tubercle bacilli. It should be noted that neither formalin nor sulphur dioxide gave satisfactory results in the disinfection of wood or cloth containing tubercle bacilli.

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THE VERMIFORM APPENDIX A GLAND.—Dr. Clarence L. Kilowen has a paper in the *Philadelphia Medical Journal* on the probability of the vermiform appendix being a gland whose office may be to neutralize the products of microbic fermentation in the large intestine and prevent the poisoning of the system by them. The tonsils have to a certain extent the power of destroying germs and so protect the pharynx, and the appendix, being similar to them in structure, may have the same power in its own part of the body. He does not think that this view of its office should prevent its being removed when diseased.



**HYPNOTISM AND THE MORPHINE HABIT.**—Dr. Sigmund A. Agatston in the *New York Medical Journal* reports the case of a woman who was in the habit of taking twenty-five grains of morphine in twenty-four hours. This was gradually withdrawn in three weeks, the withdrawal being accompanied by intense suffering, vomiting, diarrhœa, colic, insomnia, and restlessness, nearly unsettling her mind. Hypnotism was suggested after the failure of antipyrine, hyoscine, hydrobromate, belladonna, sulphonal, trional, aromatic sulphuric acid, etc., to give relief. It relieved the sleeplessness, though in the waking hours she had colic, vomiting, and diarrhœa. She persisted in the treatment and was cured. She now, after the lapse of a year, has no desire for morphia and feels perfectly well.

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**THE DIGESTIVE VALUE OF PINEAPPLE.**—The *London Lancet* says a slice of pineapple after a meal is excellent physiologically, since fresh pineapple-juice contains an active digestive principle, bromelin, similar to pepsin. It will digest as much as a thousand times its weight within a few hours, according to the kind of proteid present. The bromelin is obtained from pineapple-juice by adding salt, which causes its precipitation. It acts in an acid, neutral, or alkaline medium, unlike pepsin. Pineapple also contains much indigestible matter, but the decidedly digestive properties of the juice compensate for this fact.

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**TREATMENT OF DRUG HABIT WITH HYOSCINE.**—Dr. H. A. Hare in the *Medical News* says he has followed Dr. Lott's treatment in the cure of the alcohol and morphine habits in six cases. The patients can take large doses of hyoscine, as much as one-quarter of a grain each day, hypodermically with no ill effects on any vital function. They suffer very slightly, sometimes not at all, from the immediate withdrawal of the morphia. The desire for the drug largely if not altogether disappears in a few days

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**THE EVIL OF OVER-SUGGESTION TO YOUNG WOMEN.**—In an address by J. H. Carstairs, M. D., before the section on obstetrics and diseases of women at the meeting of the American Medical Association the speaker gives some wise advice. He says: "I might call attention to another point that seems to be overlooked and that is the everlasting suggestions to young girls about their pelvic organs. A young girl will grow up, have menstruation established, and have no trouble, but as the result of suggestions from her mother, sisters, or others she may develop trouble: always being asked if she has any pain, and wondering that she has not; asked if she has any discharge, and wondering that she has not; always being asked about the excessive flow. These constant suggestions, this constant calling attention to the womb and ovaries, will make the young girl think about her menstrual function, and a slight deviation from the usual will after a time attract her attention, and she will begin to think about it more. As congestion of any part of the body, say the hand, can be brought about by having the mind dwell upon it, so congestion of the pelvic organs can be brought about by thinking of it, and congestion is only a pre-stage of inflammation and pathological changes.

"With this thinking and worrying about the disturbances we have gynæcologic tinkering, and then we have but one step more to chronic invalidism. It makes my heart ache when I see young girls and women subject to local treatment, injections, supports, etc., for months and years when all they need is a



normal mode of living, proper food, and proper exercise. A little hyper-secretion from the glands of the mucous membrane of the vagina or the uterus does not require local treatment always,—it needs the treatment of the physiologist, that is all. I do not want to derogate proper local examination and treatment in special cases, what I protest against is the zeal with which this is carried on in simple, ordinary cases.

“More physiology is needed. We have all had patients come to us from a distance of hundreds of miles expecting to undergo a serious operation. On examination we find that all they need is to drink three pints of water a day, and with this advice we often send them home disappointed. We have all had patients come to us from a great distance who were suffering from auto-infection, the result of constipation, and who need, instead of an operation, a proper regulation of diet and vigorous abdominal massage.”

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**ADENOIDS.**—The *Medical Record* reports that at the meeting of the American Medical Association Dr. W. Freudenthal, of New York, read a paper on this subject. He said that the main symptom of acute adenoiditis was earache. Frequently the child would fall upon the ear. In his cases there had always been fever, often to a considerable degree. Chronic hypertrophy of the pharyngeal tonsil, generally spoken of as adenoids, was found under all climatic conditions. Catarrhal conditions, tuberculosis, and rheumatism were important etiological factors. The youngest child upon whom he had operated for the removal of adenoids was seven months old, but ordinarily he did not care to do this operation upon children under two years old. Slight hypertrophy did not call for removal. No amount of antisepsis would do good in such operation and often did harm. Syringing the nose before the operation was dangerous. He preferred to operate with the child flat upon the back, chloroform being given cautiously and not pushed to the extent of abolishing the cough reflex. It was not necessary to operate so radically as to remove even the normal adenoid tissue.

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**UNAPPRECIATED CAUSES OF SOME OF THE ANÆMIAS OF CHILDHOOD.**—Dr. Hollopeter, of Philadelphia, in a paper on this subject read at the meeting of the American Medical Association, said that the most important cause of anæmia in childhood and the one best recognized is dental decay. As a result of such neglect the numerous miniature abscesses discharge their contents into the mouth, and this in time leads to gastro-intestinal catarrh and eventually to anæmia. It was of the utmost importance to prevent the acute catarrh from becoming chronic, and hence well-nigh incurable. Another unrecognized factor in the production of anæmia in childhood was mouth-breathing, and still another was eye-strain.

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**IMPROVEMENT IN BREAST-MILK.**—A paper on this subject was presented by Dr. Thomas S. Southworth, of New York. He said if the breast-milk was scanty or disagreed with the infant, it was fair to assume that the mother was out of health, anæmic, or constipated; that she got too little fresh air or exercise; that she took too little fluid of the right kind, or that she was not on a plain, sensible diet. Thirst is no guide to the quantity of fluid a nursing mother should take. Milk was the most important fluid for her to drink, and she should take a quart or more in the twenty-four hours. Thin cornmeal gruel, made of yellow



meal, cooked for a long time and thin enough to be drunk freely, was another useful and most important article of diet, infinitely superior to oatmeal gruel. The nursing mother required on an average at least three quarts of fluid daily. Cocoa made by prolonged boiling of cocoa-nibs, the cracked nut, was an excellent beverage and should be substituted for tea and coffee. Tea should be prohibited. Beer had little nutritive value and often disturbed the child. Anæmia should receive careful consideration; it existed, as a rule, after childbirth. It should be counteracted by Blaud's pills and cascara. If with good, regular hours of nursing the infant vomited and had disturbed stools the deduction was that the proteids of the breast-milk were too high. Nothing so effectually corrected this as walking, the distance being increased each day. When it was necessary to build up the mother by iron, fresh air, and exercise the failure of the infant to gain in weight for a time should not cause anxiety if the weight did not diminish. If the child lost weight steadily, supplementary feedings should be given.

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**TREATMENT OF SCIATICA.**—The *Journal of the American Medical Association* quotes the following from one of its foreign exchanges: "Skilful application of the Scottish douche, hot baths, and massage has cured all but one in twenty-four cases of sciatica which Brieger has had occasion to treat. The bath at 100.5° F. should be in a large tub, and many movements which are otherwise painful can be performed in the water, as the heat soothes the aching parts and relaxes the muscles. Massage immediately after the bath is borne much better and the final cure is hastened. One of the three patients treated in his institution was cured in forty-six days after a year of sciatica. All of the cases were extremely severe and had been treated in vain with the entire array of the usual measures."

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**PREVENTION OF SEA-SICKNESS.**—The *Interstate Medical Journal* of St. Louis quotes thus from a German exchange: "C. V. Wild administers orexin tannate for the prevention of sea-sickness as follows: 0.5 grammes (eight grains) are taken in two hundred and fifty cubic centimetres of fluid (such as milk, tea, or bouillon) three hours before the ship sails, and two hours later a plentiful meal is eaten. His observations have brought him to the following conclusions:

"1. That people usually subject to sea-sickness are free from illness at least for several days if the drug is taken exactly in the manner described.

"2. That the sickness is not prevented if the drug is taken in any other manner.

"3. That in one case, while the drug prevented illness on the day of sailing, sea-sickness set in on the following day. He ascribes this ill result to the fact that in this case the meal taken two hours after the administration of the orexin tannate was insufficient."

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**NURSING IN PRIVATE INSANE ASYLUMS.**—In a letter to the *Medical Record* Dr. M. Allen Starr urges the employment of properly trained nurses in private asylums for the care of the insane. He quotes five cases in different asylums near New York in which the patients were placed in charge of absolutely untrained attendants, to their great detriment. He urges that it should be made imperative for asylum physicians to employ trained nurses of good capacity.



# HOSPITAL AND TRAINING-SCHOOL ITEMS



## TRAINING-SCHOOL NOTES

### GRADUATING EXERCISES

EXTRACTS from Miss Gilmore's Report read at the commencement exercises of the New York City Training-School for Nurses, May 31:

"MR. MAYOR, MR. COMMISSIONER, LADIES, AND GENTLEMEN: Once more I have the honor of presenting to you a report of the New York City Training-School attached to the City, Maternity, Gouverneur, Harlem, and Fordham Hospitals, a report which marks the close of the twenty-seventh year of its existence.

"The beginning of our year, July, 1901, found us in a very unsettled condition, due to the legislation separating Bellevue and its dependencies from the Department of Public Charities. For a time it seemed as if our usefulness would be impaired, but I am glad to say the close of the year finds us more prosperous than ever; our field of labor has been widened, our curriculum extended, and many of our plans for improving and enlarging our home are in a fair way to be carried out.

"From July till December there was little to note; the school was just recovering from the strain put upon it by the opening of the new Gouverneur Hospital, and the only work done was to reestablish the routine, which had been somewhat interrupted during the early part of 1901. . . .

"In December two items came up for consideration and were approved. . . . The other was to pay for the lecture course of the Training-School by the city. This lecture course had long been a vexed question. The Advisory Board of the school had paid for these lectures to establish the course, which was necessary, and seemingly at that time could not be established in any other way. Ex-Commissioner Keller realized the absolute necessity for the continuation of the course, but did not see his way clear to pay for it. In December, however, he approved of the item, and the matter was laid over for our new Commissioner, the Hon. Homer Folks, who took office January 1. He at once approved of it, and I am glad to say that all outstanding bills for lectures, as well as this year's course, have been paid.

"In January two extra pupil nurses were added to the school for Harlem Hospital,—one for the dispensary and one for night duty. As there were only two nurses to care for the patients at night, and there were four wards and an operating-room to attend to, one can readily see how hard it was to give the patients proper attention if the nurses of the wards were to spend, as sometimes happened, three or four hours in the operating-rooms. Also two more in April were added for work at Gouverneur Hospital. The wards were very heavy, and as the allowance there is nine acute cases to a nurse and twenty-seven at night, one can easily see why extra nurses would be needed. . . .

"In March the question of the three-years' course for the school was discussed and a scheme drawn up. We had thought over the question of a three-years' course for some time, but could never see our way clear to broach the



subject for lack of room and the uncertain condition of our finances. As these obstacles seemed in a fair way to be overcome, we felt no hesitation in submitting the plans freely. I quote two paragraphs from the new regulations:

“1. That the course be lengthened from two to three years, the probationary period to three months, the three months to be included in the three years if the probationer is accepted.

“2. That the classes be formed quarterly, and that a preparatory course of study be inaugurated during the probationary period, so that when the probationer dons her uniform as an accepted nurse, she has passed all her junior examinations in anatomy and physiology, materia medica, practical nursing, hygiene, and sanitation and dietetics, and is thus equipped to take up her ward work intelligently, and we benefit the patients and hospital by eliminating the ignorant probationer from the wards.’

“The plans were approved and a date fixed for the first class for 1903, but in the meantime several new calls upon the school made it imperative that the course should be introduced at once, otherwise much confusion would ensue. We could not wait for the new building, therefore it became necessary to provide extra room at once, and this has been done. Two houses were found at the foot of East Fifty-first Street which would supply our needs, and they are being put in order and will be occupied next week.

“In May the usual examinations were held, the classes making creditable averages—the graduates, 82½; seniors, 82; juniors, 81.

“We feel that the nurses have a very valuable training here on account of the absence of the luxury of the modern hospital. Especially is this true of the maternity service, where, while we have sufficient to work with, yet the nurse must exercise her ingenuity at times to supply wants in an emergency. This makes her invaluable in private duty, where no house has all the conveniences of a hospital. A leading obstetrician in the city made the statement recently that he preferred the nurses of this school to any other on account of this qualification.

“Our work has gone on smoothly during the year. Our home has received some necessities in the line of new furniture, etc. Our food has been of sufficient quantity, and, except in one or two instances, of good quality. As a proof of this I would add that the percentage of illness for the year has been one-tenth per cent., and most of this was due to two cases of typhoid fever and one of pneumonia; the other illnesses were slight colds, due principally to change of climate.

“There were nine hundred and fifty applicants during the year, seven hundred and twenty-five of whom were eligible; sixty-eight were received on probation, fifty-eight of whom were appointed. There were six resignations during the year, three due to failure at examinations and three for ill-health; two pupils were dismissed for cause, and a class of twenty-seven pupil nurses and fourteen post-graduates receive their diplomas to-day. . . .

“Twenty-five years ago, on September 13, just two floors below us a little band of women, sixteen in number, were assembled. Their object was to discuss ways and means to empty the ward and decorate it for some festivity. In this they were assisted by men and women wearing the garb of the prisoner. They had little to work with, those devoted women; their eyes and ears were many times saddened by the sights and sounds around them, and there was little to cheer them from day to day, but they worked on steadily, and on this



evening they were allowed to receive their friends, to make merry for one short evening; and so they prepared the hall, and if some member of the band shuddered at the contact of the prisoner, she gave no sign but made the best of what she could not help. The preparations were a success, the friends all came, and, to crown all, about nine o'clock the Mayor of the city presented to each of the sixteen a diploma, stating that she was entitled to rank as a competent trained nurse. This was the first commencement of this school, New York City's first public acknowledgment of the infant member of its household, for New York City had called the school into being two short years before, and New York City, with very little help from a financial stand-point, has cared for the school ever since, and we expect—indeed, we feel that we can demand—that New York City shall care for us as long as the city exists unless we outlive our usefulness, which can scarcely happen as long as there are sick people to nurse, and we shall not deteriorate. Our motto is 'Onward and Upward.'

"From this commencement class of sixteen the school has grown. Then the nurses came to displace prisoners, men and women, who were sentenced to terms of hard labor, the labor being to care for the sick poor of the city. The imagination fails to depict the condition existing then.

"The whole place is changed since the prisoners have departed, from time to time, till there are none in connection with the hospital, their places now being taken by paid help. The nurses are taking care of all the patients, so that we now have one hundred and twenty nurses where we formerly had sixteen. Their practical work covers five hospitals, where it was then confined to a section of one, and the nurses have a home of their own instead of sleeping in small rooms off the wards.

"The memory of these old days is recalled here chiefly because it marks the twenty-fifth commencement, but also to make us more contented with our lot and to incite us to greater efforts in the future, when we think how much has been accomplished from such a discouraging beginning. . . ."

The Mayor, Honorable Seth Low, in addressing the graduates, remarked:

"If the Department of Public Charities, as represented on the side of its nursing, can be so completely revolutionized in twenty-five years, where is the citizen of such little courage that he will despair? What possible contrast could be greater than a condition of things where the sick and the poor had to be cared for by the enforced and uninstructed labor of the prisoners as compared with the situation suggested by this school, where the sick and poor of the city receive the very best of care from devoted women consecrated to their service and educated especially for that service and purpose. . . ."

"I have been shown, since I have been Mayor of New York, a great many of the public works in which the city is interested. My attention has been called to the power as illustrated in many ways, I have seen nothing that has delighted me more than that this great community, made up of so many different people, is able to bring to the care of the sick the touch of kindness which you represent."

Members of the graduating class: Margaret Presbury Young, Mary Agnes McClafferty, Lucy M. Moore, Luella May Olin, Helen Grant Hunt, Jean G. Dawson, Mary Katharine Wolff, Eliza Dabney Minor, Alice White Flint, Emma Elizabeth Haskew, Mary Martha Hough, Elizabeth Eleanor Weyer, Victoria Gertrude Brannan, Helen M. Radell, Elizabeth Morgan Hall, Ada DeAnne Davis, Effie D. Hamilton, Elizabeth Jane Roycroft, Anne M. Lyons, Mary E. Bir-



mingham, Louise Winne, Henrietta M. Lyons, Emma Frances Giblyn, Mary Emma MacEwen, Bertha H. Frazier, Agnes Gertrude Queenen, Selina A. Weigel.

Graduates of the post-graduate course: Anna M. Wade, Theresa Dunn, Helen Margaret Sheehan, Margaret M. Abbott, B. A., Edna Blanche Kline, Ada Creed Lynch, S. Matilda Wescoat, Estelle Beardslee, Isabelle B. Walker, Hannah Green, Elizabeth Gregg, Elizabeth Farrell, Annie J. Robinson, Edith V. D. Smith.

THE twelfth annual commencement exercises of St. Mary's Training-School for Nurses, St. Mary's Hospital, Brooklyn, N. Y., were held at the Pouch Gallery, Clinton Street, on the evening of May 20. In the absence of Dr. John Byrne, president of the faculty, Secretary Dr. George R. Kuhn presided, and in a brief address preceding the awarding of the diplomas complimented the class upon the high standard of general excellence attained and maintained by them during their three-years' residence in the hospital. A very fine musical and literary programme was well rendered.

General Isaac Catlin addressed the graduates in his usual able and entertaining manner. Miss Helen Noble Tucker was awarded first prize for excellence in class and practical work. Miss E. Henrietta Knauff delivered the valedictory address. After the exercises refreshments were served to the graduates and their friends, followed by dancing. Members of the graduating class were: Miss Minnie C. Marwick, Canada; Miss Lydia Elizabeth Laskowski, Brooklyn; Mrs. Beatrice Gertrude Macfarlane, Australia; Mrs. Annie Talbert, New York; Miss Helen Noble Tucker, Brooklyn; Miss Katheryne Ethel Marley, Nova Scotia; Miss Josephine Clarke, Brooklyn; Miss Mary Jane Whalen, Newfoundland; Miss Elizabeth Henrietta Knauff, Canada; Miss Mary Rose Gere, Syracuse, N. Y.; Miss Ada Francis Bedard, Canada; Miss Mary Louise Cashman, Canada.

THE commencement exercises of the Old Dominion Hospital, Richmond, Va., were held in the lecture-hall of the Medical College of Virginia April 28, at five P.M. An able and eloquent address was delivered by Mr. William R. Meredith. The annual report of the superintendent of the Old Dominion Hospital, Miss C. V. Austin, read by Dr. Christopher Tompkins, dean of the faculty, reflected much credit upon the institution and its corps of nurses.

Dr. E. G. Williams, professor of bacteriology of the Medical College of Virginia, in an appropriate address, delivered badges to the following graduates: Misses Blanche Corling, Martha Clopton, Martha Osborne, Emma Royall, Elsie Boyd, and Bessie Willis. A reception was given at the Nurses' Home that evening from nine to twelve o'clock. The following night the graduating class was tendered a banquet by the Alumnae Association at the Nurses' Club and afterwards a theatre party, which was much enjoyed by all the nurses and their friends.

ON the evening of June 18 the graduating exercises of the senior class of Grace Hospital (New Haven, Conn.) were held in Plymouth Church. The exercises were followed by an informal reception at the hospital.

The address of the evening was made by Miss Linda Richards, from the Taunton Hospital for the Insane. Her many years of experience in training-school work and her intimate acquaintance with the history and traditions of the nursing profession make it possible for her to speak with peculiarly



convincing force and emphasis of the duties and responsibilities of the trained nurse, and all who heard her address on this occasion could not but be impressed with the dignity and consecration of this work, as well as with its usefulness and importance. The members of the graduating class are: Miss M. E. Boyce, Miss L. H. Clements, Miss L. F. Herda, Miss B. C. Moran, Miss C. P. Cooke, Mrs. H. A. Curtis.

ON May 30 the graduating exercises of the Training-School for Nurses of St. Luke's Hospital, St. Paul, Minn., were held in Christ Church Guild Hall.

Dr. Charles L. Greene addressed the graduating class; the Rev. Theodore Sedgwick, chaplain of the hospital, also made an address, and the diplomas and medals were presented by Rev. C. Andrews.

The ladies of St. John's Church decorated the platform and hall with palms and cut flowers, and entertained the members of the class and their friends.

The fifteen nurses graduating were: Agnes Farrish, Georgia Neff, Florence Crosby, Bertha Hallcock, Mary Brown, Emily Woodman, Minnie Farrington, Carolina Paden, Margaret MacEwan, Florence McClean, Eleanor Mallough, Anna Emge, Martha McCaughey, Anna Mallough, and Julia Felix.

THE graduating exercises of the Class of 1902 of St. Luke's Hospital Training-School for Nurses, New Bedford, Mass., were held June 2 at four P.M. in the hospital parlors, which were gayly decorated with flowers, palms, and flags. The following nurses were presented with diplomas by Dr. C. D. Prescott: Miss Alice Gifford, Miss Katherine S. Clements, Miss Florence Freeman, Miss Beulah Priest, and Miss Josephine White. Addresses were made by Dr. William N. Swift and the Rev. Willis B. Holcombe. The hospital pins were presented by Mrs. Benjamin Anthony, president of the Governing Board.

The graduating class was given a dinner at seven P.M. by the Alumnae Association, after which there was dancing until ten P.M.

THE graduating exercises of the Rochester Homœopathic Hospital Training-School were held in the Gymnasium of the University of Rochester on the evening of June 12. The exercises were interesting and appropriate. Rev. Murray A. Bartlett made the address. Mrs. Hiram W. Sibley presented the diplomas to the following young ladies: Miss Jennie Dickens Gomm, Miss Anna May Fagan, Miss Nellie Julia Benton, Miss Halcyone Kuder, Miss Mary Antoinette Lehane, Miss Georgia Mills, Miss Mary Louise Tripp, Miss Mary Isabel Howley, Miss Bertha Hull Philips, Miss Mary Frances Sheehan, Miss Amy Lena Warner, Miss Ella N. Miller, Miss Mary Glass Maltby, Miss Grace Maxwell Armstrong, Miss Grace Foster Maynard, Miss Ida Jean Anderson.

ST. LUKE'S GENERAL HOSPITAL, Ottawa, was inaugurated July 26, 1898. The Training-School course is three years, consequently during that time only two classes have graduated—seven nurses the first year and four the second. The second graduating exercises took place May 30, 1902. Sir James Grant, M. D., addressed the nurses and Mrs. Sifton, wife of the Hon. C. F. Sifton, presented the diplomas and medals. The work of the hospital is increasing so rapidly that to meet its demands a number of nurses have been added to the staff. Each year will probably turn out an increased number of graduates. The superintendent of the school is Miss Chesley, Johns Hopkins Hospital graduate, 1896.



THE graduating exercises of the Class of 1902, Woman's Charity Club Hospital, Roxbury, Mass., took place on the afternoon of June 24. Mrs. Micah Dyer, president of the Charity Club, presented diplomas to the following nurses: Miss Elizabeth Lawson, Miss Ina L. Keith, Miss Elizabeth Guthrie, Miss Susan Eadie, Miss Mary L. Ammins, and Anna Lockerby.

THE following ladies graduated from the Milwaukee County Hospital Training-School for Nurses June 21, 1902: Misses Fern I. Fox, Ella Thompson, Emelia Hansen, Agnes Sheblok, and Mary O'Keefe.

THE Troy Hospital Training-School, N. Y., held graduating exercises June 12, nine young ladies receiving diplomas. Dr. Howard Kelley, of Baltimore, gave the leading address of the evening.

MISS SARA E. PARSONS, superintendent of nurses of the Adams Nervine Asylum, Jamaica Plain, Mass., sends the following:

"By invitation of the trustees and the superintendent, Dr. G. Alder Blumer, of Butler Hospital, at Providence, R. I., guests were given an opportunity to witness a demonstration in nursing by the pupils of the Training-School for Nurses connected with the hospital. It is to be regretted that more of those who are interested in the welfare of the insane and in the education of nurses for special work could not have been present.

"The much discussed question of training-schools in special hospitals is illuminated by the light of this school's six years of practical working.

"The demonstration was given in one of the infirmary wards of the beautiful new Weld House.

"After an address by Dr. Blumer, Miss Mary J. Moffitt, the superintendent of nurses, took charge of the exercises.

"The senior nurses gave demonstrations of bedmaking, a surgical dressing, the preparations for catheterizing, for giving hypodermic injections, and for forced feeding. The care of delirious patients, bandaging, restoration of a patient in collapse, artificial respiration, were exemplified. The taking of pulse, respiration, and temperature, the administration of medicines, and the serving of meals daintily, etc., were also shown. A room prepared for a major surgical operation was open for inspection after the demonstration.

"The pupils showed intelligence, kindness, and dignity as well as skill in their work, and their special training has taught them how to serve acceptably the most fastidious patients.

"This is a training-school not only in name but in reality. It has developed successfully to the mutual benefit of hospital and nurse. Miss Moffitt was warmly congratulated on the proficiency of her pupils.

"In return for the time and work the nurses give the hospital, they receive thorough practical and theoretical instruction. The opportunities for valuable nursing experience in a hospital for the insane are much greater than is commonly supposed.

"The material comfort of the nurses is not overlooked. They are provided with good food, attractive living accommodations, and the usual allowance for necessary expenses.

"Several of the Butler graduates have broadened their experience by post-graduate courses in other branches of nursing, and nearly all are doing institution or private work of a character that entitles them to rank as trained nurses in their specialty."



COMMISSIONER FOLKS has recently made several radical changes in the organization of the Training-School of the Metropolitan Hospital. It was formerly under the control of the superintendent of the hospital. The Commissioner has now appointed a Board of Managers, consisting of seven members, representing both the regular and homœopathic schools. He has also appointed a superintendent of the Training-School, Miss Jane M. Pindell, formerly second deputy assistant at the City Hospital, and Miss M. E. Bollerman, also a graduate of the City Hospital, as her assistant.

The following changes have been authorized by the Commissioner:

The course of training has been extended to three years; a thorough curriculum of study has been planned, including a series of lectures to be delivered by the attending physicians; and a six-months' post-graduate course has been established.

The Nurses' Home is being materially renovated and enlarged, and it is the intention of the Commissioner and Board of Managers that the school shall rank with the leading schools of the country.

The Board of Managers consists of the following members: Mrs. W. K. Draper, chairman; Mrs. J. W. Brannan, Mrs. Harold de Raasloff, Miss Eunice Ives, Mrs. Schuyler N. Warren, Mrs. Robert Sturgis.

At a meeting of the managers of the Butterworth Hospital, Grand Rapids, Mich., held June 17, the following resolutions were adopted:

"WHEREAS, Miss L. S. Smart has seen fit to sever her connection with Butterworth Hospital; therefore

"*Resolved*, That we express to her our warm appreciation of her earnest efforts in behalf of the hospital, that she has won our sincere regard by the dignified and faithful performance of her duties, and that we believe her connection with the Training-School, though short, will be lasting in its good results.

"*Resolved*, That a copy of these resolutions be sent to Miss Smart and to THE AMERICAN JOURNAL OF NURSING."

MISS M. EDITH JOHNSTONE has been appointed to the position of superintendent of nurses at St. Luke's Hospital, Chicago, recently made vacant by the resignation of Miss Augusta Robertson. Miss Johnstone is a St. Luke's graduate, Class of 1895. Shortly after her graduation she returned to St. Luke's as head surgical nurse, and later was made assistant superintendent, which position she held with great efficiency until her present appointment. Miss Alberta Gage will succeed Miss Johnstone as assistant superintendent.

MISS ELIZABETH PARKER, who graduated from the Rochester Homœopathic Training-School in 1894, has resigned the position of superintendent of the Maryland Homœopathic Hospital, which she has held for several years, because of ill-health. Miss Parker will after a long rest take charge of the Training-School at the Muncie Sanitarium in Brooklyn, N. Y.

MISS MARY HOWLEY, a member of the last graduating class of the Rochester Homœopathic Training-School, has received the appointment as superintendent of the Nursery Building at the Western New York Home for Dependent Children at Randolph, N. Y.

MISS ELLA V. WILDERSON, principal of the Training-School of the Woman's Hospital in the State of New York, is taking a vacation at her home in Newton Falls, O.



# THE GUILD OF ST. BARNABAS

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[THE following letter from our chaplain-general is just received, and thinking it may be of interest to the other members of the guild, I take the liberty of sharing it with them, trusting that he may not object.

ANNIE H. B. HOWE, Secretary.]

“LONDON, June 18, 1902.

“MY DEAR MRS. HOWE: I have had such a delightful evening as the representative of the Guild of St. Barnabas that I must tell you about it before I sleep. By the merest chance I visited St. Bartholomew's Hospital this afternoon, and while there asked about the guild, whereupon I was taken to see Miss Greenstreet, one of the two survivors of the four who started the guild twenty-six years ago. She told me that I must surely attend the anniversary service at 'St. Mary Abbott' this evening and the tea and meeting afterwards, which I was only too glad to do. There were six hundred or seven hundred nurses,—just think of it!—and all Church of England communicants. There was a short service, a copy of which I enclose, and the dear, delightful Bishop of London preached. Then came the tea in the Town Hall of Kensington, where I think at least three hundred or four hundred nurses sat at the tables, and we had, among other things, delicious English strawberries as big as plums. Then followed the annual report of the secretary-general, and I thought of our secretary-general, and wished that she was there, and then speeches grave and gay by the Bishop of London and by several priests-associate. Of course, I told them about the American order and some of our difficulties and our members, which, after all, are creditable for our shorter history. Their total is twenty-four hundred odd, and that includes Canada and Australia and Africa,—not many associates, far fewer in proportion than we have. I was greeted with much enthusiasm, and a message was sent to our guild of loving greeting and many good wishes. I had a lovely time, and was so glad that I happened to hear about the occasion. I shall want to tell you all about it when I see you—about the sermon, the English chaplain-general, the guild flower, which is the pansy, or heart's-ease, and about Miss Broom, the guild member who returned from South Africa and has been appointed by the government as head of the newly established department of army nurses for the empire.

“But I must stop now. With much love to all our guild,

“Always sincerely yours,

“CORTLANDT WHITEHEAD.”

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BOSTON BRANCH.—Our festival meeting was a most enjoyable one and was held at St. Andrew's, Chambers Street, early celebrations of the Holy Communion having been held at St. John's and St. Stephen's in the morning of the same day. The service at eight P.M. at St. Andrew's was well attended and



enjoyed. In the chancel were the Rev. Edward Osborne, S. S. J. E., Rev. Reuben Kidner, Rev. Edward Borncamp, Rev. F. W. Fitts, and our chaplain, the Rev. Ellis Bishop. The sermon was preached by Mr. Kidner, and two members, Miss Charlotte Moodie and Miss Ada Titus, were received by the chaplain.

The social hour was most delightful. We had delegations from various hospitals, including the New England Hospital, Roxbury, the City, and the Massachusetts General, and we feel sure that all our guests enjoyed themselves.

We all missed our former editor, Miss Tippet, and many wishes were expressed for her enjoyment during her visit in England. Many of our priests-associate from the various parishes in Boston and the suburbs shared our evening's pleasure, and we had visits also from a few of our medical friends.

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HARTFORD BRANCH.—The eleventh annual meeting of the branch of the guild here was held on May 14. There was a service at the Church of the Good Shepherd at three o'clock in the afternoon and the chaplain was assisted by the rector of the parish. As it was the eve of Ascension Day, the chaplain's address was appropriate to the day, and the lesson, which was read by Mr. Linsley, was the latter part of the twenty-fourth chapter of St. Luke's Gospel. Special prayers were offered for Miss Pilgard, who was most dangerously ill in the Hartford Hospital. Miss L. G. Boutelle was admitted to membership in the guild. Immediately after the service the business meeting was held in the beautiful Colt Memorial Home. The treasurer's report showed that there was a deficit in the treasury, owing to the fact that some of the members had neglected to pay their annual dues. We trust that this will be shortly rectified. The secretary reported that there had been during the year nine regular meetings with a total attendance of two hundred and one members—one hundred and sixteen nurses and eighty-five associates. One associate, the Rev. C. G. Bristol, died November 30, 1901, and five nurses, Miss Ball, Miss Carter, Miss Cottle, Mrs. Cheyney, and Miss Friend, have resigned. Six nurses have been admitted, Miss Leigh, Miss Chapin, Miss Coombs, Miss White, Miss Lindwood, and Miss Hardiman. We now number ninety-one nurses and nineteen associates, with our chaplain. The officers of last year were reëlected—Miss Edith Beach, secretary, and Miss A. H. Washburn, treasurer. A photograph of those present was taken outside the northeast door. We were pleased to have with us as guests the rector of the parish and Mrs. Samuel Colt. The attendance of the members was much smaller than usual at our annual meeting owing to various causes, and we were all saddened by our great anxiety in regard to Miss Pilgard. She began to improve, however, that afternoon, and we are rejoicing now over her steady gain each day towards health and strength. A cheery letter has also been received from Miss Nancy M. Cornelius, telling of her happiness in her work at the hospital at Oneida.

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ORANGE, N. J.—We have many pleasant things to record this month, the mention of which, we hope, will reach the eyes of those far-off members who are not so fortunate as to take part in these meetings.

April 24 found us assembled at the Church of the Holy Communion in South Orange with a large attendance. The service was fully choral, with a well-rendered anthem. A very well-chosen address was delivered by the rector, the Rev. A. Cameron. An important business meeting followed in the parish-room. It was requested that all nominations for officers and delegates be sent



before June 11, either to Miss M. Henry, 68 Henry Street, or Mrs. d'A. Stephen, 475 Main Street, Orange. Other business ensued, and at the close of the meeting we were pleasantly entertained by the ladies of the parish in the spacious rooms adjoining the church.

On May 15 our eventful fair took place, for which some of us had been working with such untiring zeal. The entire Parish House of Grace Church, Orange, had been put at our disposal, and we utilized the whole of the upper floor. Each department was decked with a single color, which was worn by those who served; as far as practicable the color scheme was carried out in the floral decorations. The whole effect was harmonious and beautiful.

A jack-in-the-box and Punch and Judy show were provided for the amusement of the juveniles, and supper was served all the evening on inviting little tables. We feel very well satisfied with the result, which has amounted so far to four hundred and fifty dollars, with *no expenses*. We were slightly handicapped by the other philanthropic schemes on foot at present, as we have just raised a large sum for the Isolation Infirmary, and appeals are out for the fresh-air work. We trust many members of the guild will not fail to remember that without their timely aid disappointment will be the fate of those who will be left behind to fight the heat in their crowded tenement-rooms unless money comes in generously, not omitting the mites for lack of larger means. Even if you can't go away yourself, spare something to help another to go. A member of the guild expects to be in charge of the party this year as matron of the house, and we continue to coöperate with all the other charitable organizations of Orange.

May 28 we met for our last meeting before the annual at St. Andrew's Church, South Orange. We had a very fair attendance, though not as many as last year, as many nurses were engaged at too great a distance to come. The rector made the address on prayer, which could not fail to impress those who were present. During the short business meeting the report of the fair was read, which proved satisfactory. After the adjournment we were served with the daintiest of sandwiches, cakes, ice-cream, and coffee. We have been accorded so many pleasant welcomes at all the churches where our services have been held, that we should like it known how much we have appreciated the time and trouble expended on our entertainment.

Our annual festival opened brightly, and a large number of members met at Grace Church, Orange, for the celebration of the Holy Communion, commencing at nine-thirty, there being about fifty communicants. Our chaplain delivered an address, which, though short, was one of the finest that has been listened to, on the life of our patron saint, showing how much can be gathered and learned from even the little that is recorded of him by those who seek below the surface. Five active members and three associates were admitted during the service. A business meeting was held at ten-thirty in the Memorial Parish House and was largely attended. All the officers were reëlected and delegates chosen for the next council meeting.

The report of the sick relief fund was encouraging. There are sixty-five members, and the capital on hand is over fifty-three hundred dollars—about six hundred dollars having been raised by the fair and the birthday party. The report of the Isolation Infirmary stated that the foundations were well above ground, and it was expected to be fully ready for occupancy by September. A small portion of the money needed has still to be made up, but no difficulty is anticipated in raising it. The day closed most unfortunately,



heavy rain falling at the hour which had been arranged for the reception given by our secretary, Mrs. Howe, at her residence on the mountain in Llewellyn Park. We were not to be daunted, however, so, when the special cars started for our destination, sixty members were bold enough to brave the rain and were amply rewarded by the delightful time which all so much enjoyed.

We regret to record the very serious illness of Mrs. Agnes Victor, of the Class of 1890. On June 4 Miss E. Crane was married to Mr. J. Wilcox, of Pine Hill, N. Y. Miss Amy Dakin has removed to California for the benefit of her health.

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PHILADELPHIA BRANCH.—The May meeting of St. Barnabas Guild was held at Holy Trinity Chapel. The address was delivered by the Rev. Floyd Tompkins. After the business meeting, at which two new members and one associate were admitted, the usual social gathering, at which tea is served, was held.

The guild is adding new members and associates at each meeting. The Cranford entertainment given by Miss Browne for the benefit of the guild was a success, one hundred dollars being added to the treasury. On May 26 Mrs. Charles Whelen gave one of her charming entertainments at St. James' Parish House for the members of the guild and their friends. Rev. Richard Thomas delivered the annual sermon to the guild on June 8 at the Church of the Ascension.





## PRACTICAL HINTS



NOTES OF A DISTRICT NURSE.—There are always many little surgical infections with our street children. Bare feet cut with glass and stones or punctured with nails rarely escape without some cellulitis more or less intense; fingers with small wounds full of dirt, arms and legs ditto,—for these conditions I never see any treatment so satisfactory as the continuous wet dressing. For the first application use a disinfectant of strength suited to the patient. For an adult or large child we wring the compress out of weak bichloride or carbolic—1 to 5,000 of the former or one per cent. of the latter. For small children we use Thiersch's or boric solution. I apply a thick wet compress of gauze, larger than the inflamed area. This is snugly covered in with oiled muslin or silk or rubber tissue.

The important point is now to insure its being kept wet, and for this bit of care on the part of the mother or the patient I leave one point uncovered by the oiled protective or cut in it a small fenestrum or opening. If it is an infected finger, I leave the tip of the finger free from the oiled silk, though covered with gauze and bandage; if it is a heel, a narrow strip on the upper surface of the foot; or if an arm or leg, a round opening in the protective shows where the water is to be poured on with a teaspoon. As people cannot be trusted with disinfectants we simply teach them to use water that has been boiled in the teakettle. Boys and girls attend to this bit of technique for themselves very nicely, and enjoy the interest of it. Of course, gauze bandages must be used, as muslin ones would not allow the openings to be seen or the water to penetrate easily.

We see much of more serious infections under circumstances which make one realize the importance of the Consumers' League movement to certify cleanly and sanitary conditions for the making of garments. Not long ago I was called to a case of post-diphtherial paralysis. The child had gone through its illness in a tenement, and piled in each corner of the room where it was ill were the new-made garments on which its parents worked. They were simply covered with old pieces of muslin. In this case the Board of Health had been notified and work was stopped. However, there are many such cases where infection is spread in this way before the health officers get around, or where the men of the family go daily to the sweat-shop from the home where a child has scarlet fever or measles. Another case I visited was a child almost entirely covered with a repulsive skin disease of specific character. Purulent discharge and dry scaling both characterized little Toni, who played continuously in the room where his father and mother worked at cloth garments. He had suffered for two months thus without treatment and without dressings to protect or to prevent contamination. When we think of the way these cases are isolated in the hospital we cannot but wonder why our wonderfully perfect technique there does not spread more rapidly to the procedures of everyday life. Does not an aseptic clothing factory seem as necessary as an aseptic dressing-room in hospital? Perhaps the future will see beautiful, light, and sunny rooms, where our ready-made clothing will be made by operatives dressed



in surgical gowns, who have opportunity of taking a bath before they begin their work, and can give proof of having no infectious diseases at home.

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CONSUMPTION THE MOST DANGEROUS COMMUNICABLE DISEASE.—At the meeting of the National Conference of Charities and Correction in Detroit, June 2, 1902, Dr. Baker, secretary of the Michigan State Board of Health, said: "Not one of the common so-called 'contagious' diseases is usually contracted by simple contact of the unbroken surface of a human body with the surface of an infected human body. Therefore the term 'contagious,' implying, as it does, the spread of disease by contact, should be obsolete. A much better term is the single word, 'communicable.'"

"Of all communicable diseases consumption (pulmonary tuberculosis) is now the most dangerous. More people contract that disease than any other. Therefore anything, any statement, or any influence which belittles the importance of restricting the spread of consumption does damage in the most vital point to the interests of the public health and safety.

"Improper housing and improper feeding of the poor are important evils to be done away with, because they lead to discomfort and lowered vitality, and tend to spread disease. But if the germs of tuberculosis were generally restricted, any amount of lowered vitality because of improper housing and improper food would not cause a single case of consumption.

"The essentials for the restriction of consumption are: first, the general recognition of the truth that consumption is the most dangerous communicable disease. Knowledge of that fact is the power without which consumption cannot be restricted. It is lack of action because of ignorance of this great truth—that consumption is spread from infected persons—that kills off the improperly housed and improperly fed poor. It is ignorance of that great truth that kills off the rich by tubercular disease, in spite of proper housing and proper feeding.

"It is the slow but gradual gaining of that precious knowledge by the common people, and action governed by that knowledge, that is reducing the mortality from consumption, as it is being reduced in Michigan.

"In order to be most useful to the public, it is essential that this important knowledge shall be gained by and shall govern the action of every coughing consumptive, who otherwise is a constant source of danger. Therefore the consumptive should be promptly put in possession of that knowledge. This first essential cannot be fulfilled by the public unless every case of well-developed consumption shall be reported to the health officer. Every case reported should be promptly informed how to avoid reinfection of the patient and spreading the disease."





# OFFICIAL REPORTS OF SOCIETIES

IN CHARGE OF  
MARY E. THORNTON



[We must ask contributors to this department to make their reports as concise as possible, omitting all mention of regular routine business, and stating such facts as are of special interest to absent members or to the profession at large. The JOURNAL has already increased its regular reading pages from sixty-four to eighty, and it must keep within these limits for at least the remainder of the present year. In order to do this all of the departments are being condensed to make room for our constantly increasing items of interest.—ED.]

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## NEW YORK STATE NURSES' ASSOCIATION

THE quartely meeting of the New York State Nurses' Association was held in Utica, in the New Century Club, on Tuesday, July 15. Miss Bailey, first vice-president, took the chair in the absence of the president. The members present were Mrs. Lingenfelter, Miss Belle Gardner, Miss Allerton, Miss Sophia F. Palmer, Miss Ida Palmer, Miss Dock, Miss Enright, Miss Brooks, Miss Eva Gardner, Miss Davids, Miss McDermott, Miss Hadley, Miss Black, Miss Maxwell, and Miss Cadmus. A number of Utica nurses were present and took part in the discussions.

The business of the day consisted chiefly in hearing and receiving the reports of committees, the most important of which was that of the Committee on Legislation, Miss Allerton, chairman.

Miss Allerton's report showed satisfactory progress made in preliminary steps. One of the Regents of the University of New York had suggested outlines for a simple registration bill, and a prominent Senator had undertaken to conduct the bill through the Legislature.

The Regents declare it necessary for the members of the association to agree on some definition of what shall be the basis for a title describing nurses in the same way that "M.D." describes the physician, and also what this title shall be.

The association thereupon directed the secretary to forward to each member a list of titles which were then and there proposed, with the request that each member give her opinion in writing before the next meeting, at which time the results will be announced.

After some other minor business and further instructions to the standing committees it was resolved that the next meeting should be held in Rochester on the third Tuesday of October. The meeting then adjourned.

E. C. SANFORD, Secretary.

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## THE AMERICAN SOCIETY OF SUPERINTENDENTS OF TRAINING-SCHOOLS FOR NURSES

THE annual meeting of the society will take place on Tuesday, Wednesday, and Thursday, September 9, 10, and 11, in Detroit. The Russell House will be the head-quarters and the meetings will be held in the Convention Hall belong-



ing to the hotel. Superintendents of training-schools for nurses and nurses who are in charge of hospitals who are not already members are cordially invited to write to Mrs. Gretter, the president of the society, at the Harper Hospital, to obtain the requirements and to make application for membership in the society. New members are elected at the annual meeting.

L. L. Dock, Secretary.

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#### SPANISH-AMERICAN WAR NURSES

At the last annual meeting, held in Buffalo, September, 1901, by-laws were adopted authorizing the formation of local camps, and since that time four have been organized. One has headquarters at Boston and others at Philadelphia and Washington, while the latest one is in Rhode Island. It is hoped that our members in other cities will take up this work of organizing camps, so that we may have reports from quite a number at the next annual meeting. This is to be held in Washington City next December.

ANITA NEWCOMB MCGEE, President S.-A. W. N.

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#### THE AMERICAN FEDERATION OF NURSES

It would seem from questions asked in the meetings of the Associated Alumnae in Chicago that our members do not realize our affiliation with the National Council of Women or what it means. Nothing else would so illuminate their minds as to attend the next International Congress of Women, which is to be held in Germany in 1904. This great meeting is made up of the National Councils of Women of all the countries of the world, and the National Councils of the different countries are made up of different organizations of women affiliated together. The trained nurses of the United States and of Canada, through their membership in the National Council of Women, will have a place and a share in this tremendous five-yearly gathering of women of all the world who are committed to the overthrow of every form of injustice and the application of the Golden Rule to all affairs of life. It is not too soon for nurses to begin thinking of this Berlin Congress, and for all who can possibly manage a trip abroad at that time to plan to go and see for themselves what it is. Only duly appointed delegates, of course, will have votes, but all may attend the meetings. The meeting of the International Executive Committee was held in July in Copenhagen, and Mrs. Charlotte Norrie, of that city, who we feel belongs to us, as she is a nurse, is prominent in the preparations for its work and in planning the details of the congress.

There can be no greater education than to attend these international gatherings and to learn to know the splendid women who are laboring in countless ways for freedom and progress.

American nurses then realize for the first time the bondage and repression under which the nurses of other countries live, and the revelation must make them prize anew their own liberty, and determine anew to preserve it, not only for their own comfort, but so they may be stronger to help the women of the Old World out of their down-trodden condition.

The National Council of Women has a Press Committee which sees to the publication of all items of interest relating to the different organizations in its membership. Mrs. Gretter and her assistants have undertaken the work of supplying this committee with items about nursing affairs which are inter-



esting to the general public. Each month they look over THE AMERICAN JOURNAL OF NURSING and condense all important news into a short paragraph, which is sent out to the press of the different States by the Press Committee.

L. L. Dock, Secretary.

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#### THE INTERNATIONAL COUNCIL OF NURSES

MISS SANFORD, matron of the City Hospital, Edinburgh, has consented to act as honorary vice-president, representing Scotland. The entire list of honorary vice-presidents so far is as follows: Miss Snively, for Canada; Miss Stewart, for England; Miss Sandford, for Scotland; Fraulein von Schlichting, for Germany; Miss Turton, for Italy; Miss Kruyse, for Holland; Miss Milne, for Tasmania; Miss Keith Payne, for New Zealand; Miss McGahey, for Federated Australia.

L. L. Dock, Secretary.

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#### SPANISH WAR NURSES

NOTICES sent to the following members of the Order of Spanish-American War Nurses have been returned marked "not found." The secretary, Mrs. George Lounsbury, Charleston-on-Kanawha, W. Va., will esteem it a favor if any one seeing this notice will send her correct address: Baker, Miss Mary C.; Bauer, Mrs. C. M.; Bell, Mrs. Russell, formerly Rose G. Kane; Carson, Miss Mary; Cooper, Miss Emma F.; Elmquist, Miss Emma; Fenwick, Miss Hattie; Graf, Miss Mary E.; Hill, Miss Mary B.; Holderman, Miss Susan; Houghton, Miss Susan B.; Kaestner, Miss Bertha F.; Kerr, Mrs. J., formerly Maud Guthrie; Kratz, Miss Elizabeth R.; McCleary, Miss Anna M.; McNeill, Miss Janie; McManus, Miss Alice; Meech, Miss M. L.; Menenger, Miss Mary C.; O'Brien, Miss Annie E.; Penn, Miss Eva A.; Tate, Mrs. B. I., formerly Ellen M. Baker; Wills, Edith M.; Wiedman, Barbara; Wieland, Miss Minnie.

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#### STUDY COURSE 1902-1903

THE Greater New York members of the Associated Alumnæ have completed arrangements for the season's lecture course, and most cordially welcome all societies and clubs of nurses in Greater New York to take advantage of the unusually interesting programme provided for this year. Any inquiries addressed by organizations or individuals to 143 East Thirty-fifth Street will be given prompt attention.

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#### REGULAR MEETINGS

PHILADELPHIA.—Camp No. 1, "Camp Liberty Bell," of Spanish-American War Nurses, greets all comrades at the close of its first season. Perhaps we have not done great things, but we have not been idle.

Our first meeting was called more than a year ago, before the Buffalo meeting, and was attended by three members only, but, not discouraged, we next year hunted up our members and organized with seven comrades, one now studying medicine giving us the use of her bachelor quarters and providing each monthly meeting something for the inner man.



Among our archives we prize Dr. McGee's autograph, given on the day her son was born, acknowledging our organization. To him we sent our warm greetings with a pair of socks and a miniature Liberty Bell from Independence Hall.

One comrade reported seriously ill in the hospital was promptly visited, but had been discharged. If she sees this she may know that she missed a beautiful bunch of roses.

We expressed our deep appreciation of Admiral Sampson's service to our country in a memorial to his widow.

Finally, after five pleasant social meetings, we closed for the summer with a supper in the fields and practice march "over the hills and far away" in Fairmount Park.

We hope all army nurses even passing through Philadelphia will call on us, and all belonging to the order in whatever part of the world who claim Philadelphia and vicinity as their home will communicate with us and join our camp.

Our special emblem is on sale to members only at Caldwell's (seventy-five cents), and I will attend to the purchase for any one desiring it.

REBECCA JACKSON, Captain Camp No. 1.

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BALTIMORE.—The annual meeting of the Nurses' Alumnae of the Maryland General Hospital was held at the Baltimore Medical College on May 6, 1902. After the election of officers a discussion was held as to the advisability of incorporating the society, and it was decided to take steps in the matter at once. An interesting feature of the meeting was the talk given by Mrs. Bowles, one of the first graduates and now a member of the army corps and stationed as chief nurse in a hospital in Fort Bayard, N. M.

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ROXBURY, MASS.—The New England Hospital Training-School Alumnae Association held its annual meeting on the afternoon of April 30. At two P.M. the president, Miss Hodgins, took the chair. The reports of the secretary, treasurer, and registrar were read and approved. Miss Dillett spoke upon the growing interest of the older graduates in the hospital, association, and Training-School, with its eight-hour system and three-years' course, making it second to none. Three committees were elected, Entertainment, Registry, and Sick Relief. It was voted to reserve all funds from the registry for the "sick relief." Miss Hodgins, our delegate, brought us a very good report from the convention. Two new members were enrolled and two honorary members elected, Dr. Elizabeth Keller and Dr. Mary F. Hobart. The officers for 1902-1903 are: President, Miss D. Hodgins; secretary, Miss Dillet; treasurer, Miss N. A. O'Neil; three vice-presidents; assistant secretary, Miss I. R. Hall; registrar, Miss Jamme.

A resolution was passed upon the death of Dr. Marie Zakrzewska, founder of the hospital, honorary member of the association, and the first teacher of nurses in the United States:

"WHEREAS, It has pleased Almighty God to remove from among us our founder and teacher, Dr. Marie Zakrzewska; therefore

"Resolved, That we hereby offer our deep sympathy and regret to her many friends and co-workers in the institution; and furthermore be it



"Resolved, That a copy of this resolution be sent to the Board of Directors and be published in THE AMERICAN JOURNAL OF NURSING.

(Signed)

"D. HODGINS, President;

"A. DILLET, Secretary."

Miss Jamme gave a few words of good cheer.

The meeting adjourned at three P.M. and the graduating exercises took place at four P.M. Fourteen nurses were awarded the hospital diploma by Mr. Alfred Jones, vice-president. Addresses were made by Miss Kate Garnet Wells and Dr. Joel Goldthwaite. After benediction a collation was served by the members of the *alumnæ*. Many of the hospital staff were present, and all rejoiced to have Dr. Elizabeth Keller sufficiently recovered from her illness to attend. Miss Noyes was unable to be present, owing to the death of her brother.

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TROY, N. Y.—A special meeting of the *Alumnæ* Association of the Troy Hospital was held on the evening of June 12, following the graduating exercises of the school. The business meeting was presided over by the vice-president, Miss Wheeler. The following officers were chosen for the ensuing year: President, Sister Martha; vice-president, Miss Jennie C. Mattingly, of the Class of 1898; secretary and treasurer, Miss Helen Burke, of the Class of 1898.

Miss Mattingly presented an original paper in which she set forth the social as well as the technical duty of the nurse, and urged that an endowed room or a building for a nurses' home be established in Troy, saying that one of the physicians of the hospital had signified a willingness to subscribe two hundred dollars towards the endowment of a room where nurses, if ill, could be cared for. The paper noted that of the thirty-two graduates three have died, two married, one is doing the work of a sister of charity, and the others are following their chosen profession. After the business session refreshments were served.

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KINGSTON.—The annual meeting of the Nurses' *Alumnæ* Association was held at the General Hospital on Tuesday, May 6, at eight P.M., Miss Bell, vice-president, in the chair. Those present were Misses Flaws, Bell, Baker, Veale, and Mrs. Tilley. The minutes of the last meeting were read and adopted. The several annual reports were read by the secretary-treasurer and accepted. It was moved by the secretary and seconded by Miss Baker that the annual report be printed and sent to all those interested in the work of the association. Carried. The Helen Wood Memorial Room needing new rugs very badly, it was decided to secure, if possible, another honorary member, and with the membership fee and the balance on hand to procure them and then discontinue further care of the room. Owing to the smallness of the meeting the election of officers was postponed until Thursday, May 15.

The adjourned meeting was held on Thursday, May 15, at seven-thirty P.M. Those present were Misses Flaws, Bell, Baker, Veale, and Mrs. Tilley. The meeting then proceeded at once with the election of officers, resulting as follows: Honorary president, Miss Flaws; president, Miss Wartman; vice-president, Miss Baker; secretary-treasurer, Mrs. Tilley; convener of surgical-supply cupboard, Miss Reid.

The subject of nurses' charges was discussed again, and the meeting adjourned at nine P.M.



The annual report of the secretary-treasurer for the year ending May 6, 1902, was as follows:

"As the most important object of the association is the Nurses' Home fund, I have placed it first on the list. I regret, and am sure all the members do, that it has not increased at the same rate as last year, but it shows an increase of three hundred and ninety-seven dollars and sixty-four cents, making, with interest to December, 1901, a total of fifteen hundred and thirty-one dollars and ninety-two cents. The general fund has a balance of twenty-three dollars and thirty-four cents, made up as follows: Receipts, twenty-seven dollars and thirty cents; expenditures, three dollars and ninety-six cents. The Helen Wood memorial fund stands at present with two dollars and eighty-five cents of a balance. Receipts were thirteen dollars and sixty cents; expenditures, ten dollars and seventy-five cents. The surgical supply cupboard receipts were thirty dollars and five cents; expenditures, sixteen dollars and twenty-six cents, leaving a balance of thirteen dollars and seventy-nine cents on hand, not including value of stock in cupboard.

"Summary of accounts, apart from nurses' home fund: Receipts from all sources, seventy dollars and ninety-five cents; expenditures, thirty dollars and ninety-seven cents; balance, thirty-nine dollars and ninety-eight cents.

"Copies of the last annual report were written and sent to all out-of-town members whose addresses could be obtained. The result was that fourteen additional members paid their annual fee. I would suggest that the annual report be printed and forwarded to all members and to all those interested in the work of the association.

"R. W. TILLEY."

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NEW YORK.—The regular monthly meeting of the Alumnae Association of our Training-School was held at the lecture-room June 11, Miss Alice I. Twitchell, president, in the chair. Letters of acceptance of election were read from Mr. William W. Hoppin and Mr. Edward King as members of the Advisory Board. A letter was also read from Miss Mary E. Thornton asking our association to subscribe to a study course for next season offered by the league for political education. After discussion it was decided to subscribe to it. The subject of joining the State Federation of Women's Clubs, which has for some time been under consideration by our association, was next taken up and discussed at length.

After further business of the meeting was completed Miss Anne Rhodes, president of the Post Parliament Club, gave a most interesting and inspiring talk on "Federation." A fuller discussion of the subject followed, after which the motion was made and unanimously carried that our association join the State Federation.

After adjournment the members of the association had the pleasure of greeting Miss Annie Goodrich, who has accepted the position of superintendent of our Training-School, made vacant by the illness of Miss Irene H. Sutcliffe.

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PHILADELPHIA.—The regular monthly meeting of the Philadelphia County Nurses' Association was held Wednesday, June 11, 1902, at three P.M. at the College of Physicians, Miss Ramsden, first vice-president, in the chair. The minutes of the first annual meeting were read and approved. A motion was made and carried that the Philadelphia County Nurses' Association extend an invitation to the National Alumnae Association to hold their annual meeting in 1904 in Philadelphia. The secretary of each alumnae association represented in the



Philadelphia County Nurses' Association was also requested to send a personal invitation from her Alumnæ Association to the National. The names of five applicants for membership were presented and accepted. The meeting adjourned until the second Wednesday in November.

After the meeting Miss Watmough, president of the Philadelphia Branch of the Consumers' League in Pennsylvania, gave a short talk about the league, its object, and its advantages, which was interesting to all present.

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PHILADELPHIA.—The Alumnæ Association of University Hospital held its ninth annual meeting on Monday evening, June 2, at seven o'clock. The following officers were elected: President, Miss Sara Rudden; first vice-president, Miss Clara I. Shackford; second vice-president, Miss Katherine Damm; secretary, Miss Nellie M. Casey; treasurer, Mrs. Asbury Irwin; sub-treasurer, Mrs. Mary C. Bains. Miss Casey was presented with a handsome oak writing-desk by her associates as an expression of their appreciation of her secretaryship for the past three years.

At eight P.M. Miss L. L. Dock, of New York, gave a "talk" on "Association and Organization Work," to which the Philadelphia County Nurses' Association were invited. Refreshments were then served in the Nurses' Home, where all had an opportunity to meet Miss Dock informally. Miss MacPherson and Miss Chambers assisted the alumnæ members in entertaining their guests.

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BROOKLYN.—A meeting of the Graduate Nurses of Brooklyn, N. Y., was held in the Hoagland Laboratory June 17, 1902. The meeting was called to order by the president, Miss Beatrice Montieth, who in a few words stated the object of the meeting, being the preliminary steps to the organization of a local society. The minutes of the previous meeting being read by the secretary, the report of the Committee on the Revision of the By-Laws was presented by the chairman, Miss M. O. Niel. The report stated that we could no longer proceed as an association under the present by-laws. The constitution also called for a central registry for nurses, which was now found to be impracticable. After some discussion by those present it was moved that a new society be organized. The present officers were voted in as a whole until permanent organization. A committee was then chosen by vote to draw up a new constitution and by-laws. Those chosen were Miss M. O. Niel, chairman, K. C. H.; Miss McKee, B. H. H.; Miss Sargent, L. I. C.; Miss Remson, M. E. H.; Miss Whilty, B. H. As a great number of the nurses will be absent from the city during the summer, it was decided to defer further action till September. The meeting then adjourned, subject to the call of the president.

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CHICAGO.—The alumnæ meeting of St. Luke's Alumnæ Association, Chicago, was held on Wednesday, June 4, 1902. The annual reports of the treasurer and secretary were read and approved. Funds were voted to the Programme Committee with which to carry out some instructive and interesting plan of work for the coming year. Two or three alterations in the constitution and by-laws were made, the principal one being the insertion of a section prohibiting married members, supported by their husbands, receiving sick benefit.

Officers elected for the coming year were: President, Mrs. William Cuthbertson; first vice-president, Miss Gertrude Philpotts; second vice-president, Miss A. Eldredge; secretary, Miss Anne Louise Pearse; assistant secretary,



Mrs. William Fisk; treasurer, Miss M. E. Johnstone; Board of Directors—Rt. Rev. C. P. Anderson, D.D., John E. Owens, M.D., Mr. Horace Nichols, Mr. Louis Curtis, Miss Augusta Robertson, Miss M. Biller, Miss Theresa Whittier, Miss Edith Parr, Miss Harriet O'Reilly.

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CHICAGO.—On Monday afternoon, June 30, Miss Barnard, of Johns Hopkins Hospital, Baltimore, met the nurses of St. Luke's Alumnae Association, Chicago, informally telling them in her delightful and instructive way something of the club work being done in Baltimore and elsewhere in the East. St. Luke's is really very interested in such a project for Chicago, and those nurses fortunate enough to meet Miss Barnard gained much helpful inspiration from her talk.

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PROVIDENCE, R. I.—The sixth annual meeting of the Rhode Island Hospital Nurses' Alumnae Association was celebrated June 10 at Roger Williams Park Casino. There were a number of members present whose field of labor has been far from their Alma Mater, also several who have never before been able to be present at the annual meetings. Tea was served at seven P.M. Miss Ellen Kenney acted in the capacity of toast-mistress, and the toasts were responded to as follows: "Absent Members," Miss McPherson; "Our Training-School," Miss L. C. Ayers; "The Medical Profession," Miss Mary Quinn; "Our Oldest Graduate," Miss H. B. Pearce. The business meeting was called to order at eight P.M. The report of the secretary and treasurer, also the report of the delegates to the Chicago convention, were read and accepted.

The officers for the coming year are as follows: President, Miss Kenny; vice-president, Miss H. B. Pearce; treasurer, Miss W. L. Fitzpatrick; corresponding secretary, Miss Elizabeth Fleming; secretary, Miss Margaret McPherson.

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PHILADELPHIA.—The annual business meeting of the alumnae of the Protestant Episcopal Church Hospital was held in the Nurses' Home Tuesday, June 3, at seven-thirty P.M., Annie S. Haines, president, in the chair. Of the proposed amendments to the constitution one carried, that the words "or president" be added to Section 3, Article VII.

Officers for the ensuing year: Honorary president, Miss Mary S. Littlefield; president, Miss K. B. Darby; first vice-president, Miss G. Kitchen; second vice-president, Miss M. Thomas; secretary, Miss M. E. Esser; treasurer, Miss M. P. Allen; Executive Committee—Chairman, Miss C. J. Noetling; Miss A. S. Haines, Mrs. L. K. Free, Mrs. P. V. Baum, Miss B. Knox, Miss E. Allen.

The election of the officers closed the business meeting. The remainder of the evening was spent in singing and dancing. Refreshments were served.

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BALTIMORE.—At the annual meeting of the Johns Hopkins Hospital Alumnae Association, held in the assembly-room of the Johns Hopkins Hospital May 30, the following officers were elected: President, Miss Rutherford; first vice-president, Miss Ross; second vice-president, Miss Bartlett; recording secretary, Mrs. Sullivan; corresponding secretary, Miss O'Bryan, 1123 Madison Avenue, Baltimore, Md.; treasurer, Miss Lawler, Johns Hopkins Hospital.

The meeting was very largely attended, and the members present had the pleasure of listening to a most interesting address by Mrs. Albert L. Sioussat, president Maryland State Federation of Women's Clubs.



CHICAGO.—Illinois Training-School for Nurses Alumnae Association held its last meeting for the year April 26. Officers for the ensuing year will be: President, Helen Scott Hay; first vice-president, Miss Sara M. Dick; second vice-president, Mrs. Hohmeyer; secretary, Mrs. Frederic Tice; treasurer, Miss Grace Romine. The first meeting for next year will be held on Tuesday, September 9.

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#### MARRIAGES

MISS GERTRUDE CLEVELAND, of the Class of 1899, Faxton Hospital, Utica, to Dr. W. S. Emberson, of New Rochelle, N. Y.

MISS BESSIE BOWEN, of the Class of 1901, Faxton Hospital, Utica, N. Y., to Dr. F. J. McKown, of Carmel, N. Y.

ON June 17, at Grace Church, Providence, R. I., Miss Mabel O. Dunphy, graduate of the Rhode Island Hospital Training-School and of the Boston Lying-in Hospital, to Mr. Daniel Richards.

Mr. and Mrs. Richards will reside in Fredericton, New Brunswick.

MISS EVA LILLIAN SCHLEGAL, a graduate in the Class of 1901 of the Rochester Homœopathic Training-School, was married to Dr. John Robert Brownell on June 18.

Dr. and Mrs. Brownell will live at Perry, N. Y.

ON June 18 Miss Laura Reid, a graduate from the nurses' training-class of the Erie County Hospital, Buffalo, Class of 1899, was married at the home of her parents, Oak Street, Buffalo, to Dr. Gustin Welch, of Oliver Street, Rochester, N. Y.

The house decorations were in pink and white, the school colors, and a goodly number of her schoolmates were present to witness the ceremony and wish them good luck.

ON July 2, 1902, Miss Jennie McPhillips, of the Class of 1898, Erie County Hospital, was married to Dr. Charles Mengis, of Goodell Street, Buffalo.

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#### OBITUARY

DIED, January 13, 1902, at the home of her uncle, William Oliver, at Kewanee, Ill., of typhoid fever, Miss Nellie Murray, graduate of the Cottage Hospital Training-School for Nurses.

Miss Murray ranked as one of the most popular and skilful nurses of the school, always showing love, loyalty, and devotion to her work, endearing herself to sister nurses, patients, and friends alike, and by her usefulness and noble character making all love her.

MRS. OHSAM,  
MISS FAIRY,  
MISS WAITE,  
MISS MCWHERTER.

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# FOREIGN DEPARTMENT

IN CHARGE OF

LAVINIA L. DOCK



## ORGANIZATION NOTES

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### ENGLAND

AN event of the utmost importance to the whole nursing world took place in London on May 30. The public meeting in favor of State registration for nurses was held in Morley Hall, having been preceded by a business meeting at which the final steps in organization were taken and the constitution finally adopted.

In case any of our readers' memories need jogging, we remind them that this movement for State registration was initiated and carried through by the Matrons' Council (corresponding to our Superintendents' Society). They conducted their preliminary campaign with great energy, and have now enrolled over five hundred members in a society definitely pledged to work for legislation.

The constitution of the society is very clear and definite: there is but one "object," viz., "to obtain by act of Parliament a bill providing for the legal registration of trained nurses." Membership is open to "trained nurses of three-years' experience."

Miss Louisa Stevenson, as we have previously noted, was elected president, and was expected to preside at this first meeting. To the deep regret of all, she was unable through illness to be present, but sent a letter which will appear later in *THE AMERICAN JOURNAL OF NURSING* in a compiled article. The chair was ably filled by Miss Isla Stewart, who, as we know, holds well-poised views of registration, perceiving equally its benefits and its limitations. Strong and convincing arguments in behalf of legal status were made by nurses present, and it does not appear that anyone spoke against it.

Mrs. Bedford-Fenwick is the secretary of the new society.

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### AUSTRALIA

THE "Register of Members of the Australasian Trained Nurses' Association" has reached us,—sent, no doubt, by our kind co-worker and friend, Miss McGahey, and it presents several features of practical interest. As they have not yet State control of nursing education in Australia, this represents the standards agreed upon by a voluntary association of nurses and medical men. The volume gives a list of the hospitals in the different States of Australasia which are recognized by the council; then follows the list or register of members of the association, which really shows the whole history of each nurse, on the plan of "The Nursing Directory" published by the Matrons' Council in England, giving not only the hospital or hospitals in which she studied, but all of her positions or varieties of work to date.



In their "rules" we notice that "the council shall be empowered to receive the vote of any member by proxy on such questions and at such times when it may be deemed desirable in the interests of the association to obtain the opinion of all the members, provided always that reasonable notice of such question be supplied to each member and the form in which such proxy vote is recorded be approved of by the council."

This is practically a "referendum," or taking the vote of each individual on questions of special importance,—a procedure advocated by enlightened students of the principles of government, and which, if it could be oftener carried out, would be the best possible schooling for all kinds of societies, for the members would all be compelled to pay attention to questions which they now neglect.

We should think it likely that the forms and growth of nursing organizations in Australia might be considerably affected by the glorious bit of progress just attained there in the uniform extension of national suffrage to the women of all the States of Federated Australia.

We can hardly imagine, for instance, that it will be long before State registration is a fact in all parts of Australia as well as in New Zealand, and we also confidently expect to see nurses have a place on the State Boards of Examination.

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#### NOTES ON NURSING IN PARIS

MRS. EMMA KEITH BOOTH, who is a graduate of St. Luke's and who has spent much time in Paris, has given us some interesting bits of talk about nursing work and conditions in Paris. Mrs. Booth was there in the exposition year, and presided over a houseful of nurses who had gone there for private duty at that time, it being considered quite necessary that American nurses to succeed in Paris must have a formal and definite background to suit Parisian ideas of propriety. She was also in charge of the exhibit sent from American hospitals and became well acquainted with all the people, men and women, who were interested in hospital work or the training of nurses. Mrs. Booth says:

"The American graduate nurses who came to Paris in 1900 to engage in private nursing have been most successful, and one constantly hears among the resident and travelling Americans of the satisfaction and comfort it is to know that American nurses are permanently established in Paris. There are at present twelve nurses, all centrally located—five at 6 Rue Freycinet, four at 3 Rue D'Alger, three at 81 Avenue Wagram. They represent our largest and best-known training-schools—Bellevue, St. Luke's, Chicago; St. Luke's, New York; St. Luke's, Utica, N. Y.; Presbyterian, New York; Johns Hopkins, Baltimore. The need of an American hospital in Paris has been demonstrated many times, and the fact that one has been given and is well under way and will be managed by American doctors and nurses is a cause for general satisfaction to Americans on both sides of the Atlantic."

Mrs. Booth also tells us of an effort now being made in Paris to educate well-bred young French women as nurses on the modern plan. This movement is carried on by an association of liberal people having its centre at 10 Rue Amyot, and an address of the foundress and president, Madame Alphen-Salvador, recounts the history of their new and experimental attempt; how they took a few pupils, rather on a boarding-school plan, and little by little



are securing hospital practice and a regular curriculum for them. Mrs. Booth says:

"The first year opened with but four pupils, and in September, 1901, when I last visited the school, there were eighteen residents and a large number of pupils following the course of lectures which are given every afternoon except Thursdays. There is only a small hospital in connection with the school, but already plans are in progress for a much larger one. The nurses go regularly to some of the larger hospitals, where opportunity for practical work is made possible by the same doctors who lecture to them. In talking with one of the oldest pupils she mentioned some of the difficulties they found in the beginning, and not among the least was the attitude which many of the older doctors take towards this step taken by these young women.

"The nurses that one finds employed in the city hospitals make it possible to understand in a measure why nursing is looked upon as being quite out of the sphere of the educated and refined woman. The nursing in these hospitals is done by a class of women and men far below the standard of what we in this country demand."

"Two American nurses in Paris" also write this month to the JOURNAL, giving their views of foreign work. They say:

"Our experience leads us to believe that at present there is little or no scope for American nurses in the average European city, except where successful American or English doctors are established, the physicians of the country preferring nurses accustomed to their methods and speaking their language. We have found that wherever English or American physicians have settled there are usually enough English or American nurses to meet the demand. The former predominate, being nearer home and connected, as they are, with the English 'nursing homes.'

"Paris and Rome seem to be the best cities for our nurses, and in both only during the season is there any great need for them. As at home, there may be a month or two in the year when the demand is greater than the supply."

The "Two American Nurses" have been abroad for several years, and comment thus upon hospitals:

"We have made it our business to visit hospitals, and while we have found some *very bad*, yet some of their best are quite up to ours, and much above those found in some parts of the South. . . .

"As to establishing private hospitals in Europe, it would not be easy, the permit of the government being necessary. This, for a foreigner, would be almost impossible to obtain."

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## ITEMS

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Two league journals are our pleasant visitors from England this month,—the *League News*, of St. Bart's, and the *Journal of the Royal South Hants Nurses' League*—Miss Mollett's hospital. Both are very attractive, like newsy family epistles, with a happy, genial tone; they seem to know that they are filling a long-felt want, and we can imagine how welcome they must be to the old graduates who are off in China and the corners of the earth.

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WE are sure that nurses' hearts will be warmed by a message from Miss Hibbard, in Cuba. Miss Hibbard writes:



"The late change in the government has kept everyone in an unsettled condition, but the question of retaining the American graduate nurses is now closed by an official order which states that all engagements with Americans in official positions in the island would be cancelled on June 30, *except the nurses*, who would be retained, as their services were required."

Miss Hibbard has been transferred to Hospital No. 1, Havana.

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It is good to know that Porto Rico is to have hospitals and nurses. Through the kindness of Miss E. Grace McLeay, of Boston, the following note is sent to the JOURNAL:

"SAN JUAN, PORTO RICO.

"TEACHER APPOINTED TO TRAIN NURSES

"The Superior Board of Health has appointed, subject to the approval of the Commissioners of Education, Miss Helen M. Claire, Boston, as teacher of the Training-School for Nurses. This school will be opened as soon as possible in connection with the Maternity Hospital.

"There is at present a private class held in the Military Hospital under the direction of Miss Claire.

"We hope later to establish training-schools at Ponce and Mayaguez."

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MISS AGNES P. MAHONEY, writing from Cape Mount, Liberia, Africa, gives the following bit of interesting experience:

"CAPE MOUNT, LIBERIA, AFRICA.

". . . At the time of receiving your letter I was in quarantine with an epidemic of small-pox. The disease broke out in the boys' school, and the first day sixteen of them developed the rash, and ten more after that. We have no doctor within a radius of at least sixty miles, so I do all the doctoring, and people come from far and near for me to help them, and so, when our boys developed small-pox, I went into quarantine with them. I wish that you could have seen these boys the first night. They think that if they put a broad chalk-mark around their hearts the disease will not cross over it and touch a vital spot; so when I went up to the dormitory they all had drawn a ring around where they supposed their hearts were, and one boy had a big chalk-ring around each eye! I had no trouble in fighting the disease, and they all recovered."

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MRS. BEDFORD-FENWICK has reincorporated the *Nursing Record* as the *British Journal of Nursing*, and the first number has reached us, in which the past and present policy of the journal is defined and its aim, of being "imperial rather than national" in its scope, set forth. The rise in importance and power of England's colonies is felt even in the nursing world, and the progress and independence of New Zealand and Australia have been and will continue to be reflected in the pages of the *British Journal of Nursing*, whose arrival will always be as cordially welcomed here as was that of the *Nursing Record*.





# CHANGES IN THE ARMY NURSE CORPS



## CHANGES IN THE ARMY NURSE CORPS RECORDED IN THE SURGEON-GENERAL'S OFFICE FOR THE MONTH ENDING JUNE 11, 1902.

ARMISTEAD, AMANDA J., transferred from the First Reserve Hospital, Manila, to the Brigade Hospital, Dagupan, Luzon, P. I.

Arnold, Henrietta, arrived in the Philippines on Logan May 26 and temporarily assigned to duty at the First Reserve Hospital, Manila.

Ashen, Sarah C., transferred from the First Reserve Hospital, Manila, to the Brigade Hospital, Dagupan, Luzon, P. I.

Bartholomew, Annie M., transferred from the Brigade Hospital, Dagupan, to duty at the First Reserve, Manila, P. I.

Brill, Selma, arrived in the Philippines on Logan May 26 and temporarily assigned to duty at the First Reserve Hospital, Manila.

Burgess, Alice V., arrived in the Philippines on the Logan May 26 and temporarily assigned to duty at the First Reserve Hospital, Manila.

Edwards, Elizabeth F., arrived in the Philippines on the Logan May 26 and temporarily assigned to duty at the First Reserve, Manila.

Entwisle, Irene F., arrived in the Philippines on the Logan May 26 and temporarily assigned to duty at the First Reserve Hospital, Manila.

Gillette, Alice M., formerly on duty at Hamilton Barracks, Matanzas, Cuba, discharged.

Hasemeyer, Augusta D., assignment to duty as chief nurse at the Brigade Hospital, Vigan, P. I., revoked to date April 30, 1902.

Hine, M. Estelle, assigned to temporary duty at the United States Army General Hospital, Presidio, San Francisco, Cal., until further orders.

Holmes, May Rose, transferred from duty at Columbia Barracks, near Quemados, Cuba, to the United States General Hospital, Fort Bayard, N. M.

Keck, Willma A., arrived in the Philippines on the Logan May 26 and temporarily assigned to duty at the First Reserve Hospital, Manila.

Kennedy, Mary J., transferred from the Convalescent Hospital, Corregidor Island, to duty at the First Reserve Hospital, Manila, P. I.

Lasswell, Ida H., formerly on duty at the United States Army General Hospital, Presidio, San Francisco, Cal., discharged.

Layton, Mary V., transferred from the Brigade Hospital, Vigan, to duty at the Military Hospital, Iloilo, P. I.

Lindley, Laura L., transferred from the Convalescent Hospital, Corregidor Island, to duty at the First Reserve Hospital, Manila, P. I.

Macdonald, Mary D., arrived in the Philippines on the Logan May 26 and temporarily assigned to duty at the First Reserve Hospital, Manila.

McGary, Margaret W., arrived in the Philippines on the Logan May 26 and temporarily assigned to duty at the First Reserve, Manila.

McNaughton, Bessie B., reported for duty at the United States Army General Hospital, Presidio, San Francisco, Cal., May 27.



Miller, Gertrude Evelyn, arrived in the Philippines on the Logan May 26 and temporarily assigned to duty at the First Reserve Hospital, Manila.

Morgan, Irene A., transferred from the First Reserve Hospital, Manila, to the Convalescent Hospital, Corregidor Island, P. I.

Pannill, Mattie Porter, arrived in the Philippines on the Logan May 26 and temporarily assigned to duty at the First Reserve Hospital, Manila.

Petit, Augusta L., formerly on duty at the United States Army General Hospital, Fort Bayard, N. M., discharged.

Redecker, Henrietta L., formerly on duty at the United States Army General Hospital, Presidio, San Francisco, Cal., discharged.

Williamson, Anne, arrived in the Philippines on the Logan May 26 and temporarily assigned to duty at the First Reserve Hospital, Manila.

Woodward, Jessie H., arrived in the Philippines on the Logan May 26 and temporarily assigned to duty at the First Reserve Hospital, Manila.

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#### CHANGES FOR THE MONTH ENDING JULY 8, 1902

ALLAN, JEAN, formerly on duty at the First Reserve Hospital, Manila, P. I., transferred to the United States for discharge.

Brown, Mrs. Jessie M., transferred from the Brigade Hospital, Vigan, South Ilocos, P. I., to duty in Manila.

Casey, Joanna B., formerly on duty at the First Reserve Hospital, P. I., transferred to the United States for discharge.

Eastham, Marian, transferred from the Brigade Hospital, Vigan, P. I., to duty in Manila.

Gleason, Mary, formerly on duty at the General Hospital, Presidio, San Francisco, discharged.

Hall, Mrs. Mary B., transferred from the Brigade Hospital, Vigan, P. I., to duty in Manila.

Hasemeyer, Augusta D., transferred from the Brigade Hospital, Vigan, P. I., to duty in Manila.

Holmes, May Rose, discharged. Could not accept service at Fort Bayard, N. M.

Kemmer, Alice S., transferred from the Brigade Hospital, Vigan, P. I., to duty in Manila. It has been recommended by General Chaffee, Commanding General Division of the Philippines, "that the specially meritorious services of this nurse be fittingly recognized to the army in general orders, as is the custom for gallant and commendable acts on the part of soldiers." She, never having had the disease, volunteered to undertake the care of two very severe cases of small-pox, and saved these lives by her devotion.

Kennedy, Mary J., formerly on duty at the First Reserve Hospital, Manila, P. I., transferred to the United States for discharge.

Rourke, Louise R., transferred from the Brigade Hospital, Vigan, P. I., to duty in Manila.

Tait, Elizabeth E., transferred from the General Hospital, Presidio, San Francisco, to duty at the General Hospital, Fort Bayard, N. M.

Tipping, Mary, formerly on duty at the General Hospital, Presidio, San Francisco, Cal., discharged.

Tipping, Susie, formerly on duty at the General Hospital, Presidio, San Francisco, Cal., discharged.



## LETTERS TO THE EDITOR



[*The Editor is not responsible for opinions expressed in this Department.*]

DEAR EDITOR: I think all women engaged in teaching or supervising nursing in hospital work ought to feel grateful to Dr. Cabot for so definitely and publicly recognizing the principle that "nursing should be taught by nurses." While many men tacitly work on this principle, few have put it into words or laid it down as an axiom; many, indeed, in hospital work seem to a certain extent to desire to ignore or deny it.

I think I may confidently state, without fear of contrary proof being brought against me, that in hospital work *seven-tenths* of all frictions, misunderstandings, ill-feelings, and crosswise purposes between the medical staff (I refer especially to internes) and nursing staff (meaning especially superintendents and assistant superintendents of nurses) are due directly to—have their cause primarily in—a failure of the men to understand—or in an unwillingness to allow—that nurses shall teach nursing; that there is a sphere belonging of right to the nurse by virtue of her work and responsibility upon which the medical man cannot justly or rightly encroach. I could give fifty illustrations of my point in as many minutes. So could any superintendent.

I think if nurses have, *as a rule* (there are some ill-balanced exceptions), learned pretty well not to interfere and encroach upon the physician's province, that it should be only ethical justice for the physician in turn to regard and respect the province of nursing (I repeat, I refer to internes in hospital; men in private practice do not need this protest). When this *mutual* consideration replaces a now too often one-sided etiquette, friction in hospital work will to a great extent disappear. It is caused usually by the effort at adjustment—a resistance of invasion of rights.

I have known a superintendent of nurses who was not allowed to move a medicine closet until the resident gave orders, and I hear many hospital women of experience complain that they can hardly teach their pupils nursing because of the stringency of young men, who will not permit a nurse to give a hot-water bag, an extra pillow, or to change a position without a special order.

With Dr. Cabot's views on private duty I, of course, feel at some variance. However, I recognize that his purpose is disinterested and his motives high. I will go this far towards meeting his position: if pupils in training could receive some experience in private duty on an *absolutely educational basis*,—if there were absolutely no suspicion of commercial advantage to the school,—then I will admit that the chief objections to undergraduate private duty would be removed.

But how can it be made part of an educational scheme unless taught and supervised? And what families would willingly allow a head nurse to come and go in their homes in time of sickness and trouble? We must not forget the feelings of the patients in our plans.

I cannot but think that the best solution is to bring more of the family and home atmosphere into our hospitals; to encourage the nurse to look upon



her patients more as individuals; to encourage the special nurse to some initiative, some individuality, more than is often the case now, and to extend the special nursing of private and of special patients.

L. L. DOCK.

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DEAR EDITOR: I have been much interested in reading Miss Jamme's account of the fresh-air treatment for patients recovering from ether at the New England Hospital for Women and Children.

Ever since a time when I was obliged to take ether myself—twice—I have felt certain, from my own experience, that plenty of fresh air was the right treatment, and that in being afraid to admit it the sufferings and wretchedness of patients are ten times aggravated.

It so happened that I was a privileged patient in the hospital where I took ether, and having always been a fresh-air "crank," I had my own way in having both large windows in my room flung wide open. It was wintertime, too. I recovered more quickly and easily than any of the other patients, and without the slightest nausea. I remember so well, when becoming conscious, the feeling of wanting fresh air to be taken in through every pore.

The New England Hospital will deserve the gratitude of all ether patients if it starts this most rational and merciful custom. Of course, it is out of the question for a nurse to open the windows for her patient if orders are to the contrary.

ONE WITH EXPERIENCE.

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DEAR EDITOR: It is both a pleasure and an honor for me to invite the attention of your staff and of your readers to the following little card.

The Rocky Mountain Sanatorium is an enterprise already well established. While its present site has not sufficient ground space to work out the central idea about which all effort is grouped, namely—coöperation and self-sustenance,—the institution has a real existence and is being successfully carried on a short distance out of Denver.

In a few words the plan is this: To establish in the "dry belt" an institution which shall be prepared to receive all classes of patients. There are to be connected with it remunerative industries in which those patients who are able and who so desire shall have an opportunity to engage, and at a rate of pay which will enable them to be wholly or partially without any expense of their living and treatment. The scheme of the sanatorium has the support of many prominent public men all over the country, some of whom have given addresses to enlist the interest of the public in the scheme.

One or more fully qualified resident physicians under a medical director and consultants will treat the inmates of the sanatorium, these residents themselves being in need of the healing effect of this wonderful clime.

It has been proposed to establish in connection with the parent institution auxiliaries supported and run by the members of the different vocations. One for the members of the press is now well organized, as per enclosed circular, and their cottages or tents will soon be in use. The members of the Christian Endeavor Society are formulating a similar plan under the leadership of a prominent divine of the Presbyterian Church.

The recommendation which I now have the honor to present is that a similar scheme be taken up by the trained nurses of the country. Indeed, this has already been done in Denver, and it seems so desirable that the country at large should have an opportunity to share in the benefits of such a plan, that it is



for this purpose that I am now addressing you. The working basis as suggested will, of course, necessitate the usual officers—a president, who has already been selected, two vice-presidents, a secretary, a treasurer, and a Board of Directors:

I. That the members of the profession at large should become members of the Trained Nurses' Auxiliary, Rocky Mountain Sanatorium, upon the payment of five dollars annual dues.

II. That the fund thus created should be used to build cottages or equip tents as they might be needed, the surplus to be used in a way yet to be determined to defray the expenses of those nurses in the sanatorium who are too ill to be self-supporting.

III. That those who are sufficiently well should have an opportunity to do the nursing of the institution on a varying scale of hours, from giving a single treatment or bath to a full day's work, as the condition of the nurse would permit and as directed by her physician.

The question which I would now wish to lay before the trained nurses of the country is as to rates of remuneration for such services. It would seem that a nurse sharing the benefits of such an institution would hardly expect to be laying away money made out of the institution, but that the benefits she received should be considered by her as part of her compensation while regaining her health, and that she would presumably be satisfied to be earning enough so that she would be entirely self-supporting and not losing from a pecuniary stand-point. By this plan she benefits herself and is doing a blessed work for others who have been similarly afflicted.

At the Gravenhurst Sanatorium in Canada a very low scale of prices for nursing has been adopted—not more than one-half or one-third the usual rates charged for such service outside, one dollar a day or night of eight hours each. Would someone kindly make a suggestion as to what would be a fair price for a single hour's work or for giving a single treatment, bath, etc.?

I would like, in closing, to invite suggestion and criticism from all to whom this subject appeals, and I really cannot see how it can fail to touch the sympathy and generosity of all trained nurses.

I shall be glad to answer, personally, privately, or through the JOURNAL, any inquiries, and shall be correspondingly grateful for all suggestions. Yours very sincerely,  
DITA H. KINNEY, Superintendent, Army Corps Nurse.

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DEAR EDITOR: 'Tis true that difficulties depend, in a large measure, upon the nurse herself, for a tactful woman who studies the members of the household where she is called to nurse seldom finds her path a hard one.

There are two points I wish to take exception to in Amy Hughes's article in *Nursing Notes* published in the June JOURNAL.

She suggests that a nurse wait a little, even after two days and a night on duty, that the friends may speak of her going off for rest. When a nurse has a hard and possibly long siege before her she had better size up the situation early and plan for her hours of rest that she may be able to stand the continued strain. I have found a good way was to pick out the member of the family best suited to care for the patient and arrange with that one, without disturbing her plans for the day, for my time off. It usually resolves itself into certain hours every day if the nurse is methodical.

Night nursing is always difficult, because the turning of night into day is



unnatural, and the request for a meal, especially something hot, by a night nurse is no mistake. We know that something hot in the stomach during the night materially lessens the degree of fatigue attendant upon night work, thus aiding the nurse to better fulfil her duties towards her patient.

These things should be looked after by the nurse without her getting a "bad name for being selfish and inconsiderate." How she is spoken of afterwards depends upon the method she uses in accomplishing her end. B.

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DEAR EDITOR: I want to offer a suggestion to readers of the JOURNAL about disposing of patients' sputum. A thin Japanese napkin folded twice, forming a square of four thicknesses, can be readily burned in a china vessel in either a closet or an unoccupied room immediately after use.

I have gotten so many practical helps from the JOURNAL that I feel anxious to be of some little help to other readers. S. L. J.

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DEAR EDITOR: In May I was a delegate to the Annual Convention of the Nurses' Associated Alumnae of the United States, held in Chicago. I was impressed during my visit to that city with the way in which nurses appeared in uniform on the streets. To be sure, the outer garments were a street uniform, but may I ask, what is the object of wearing a street uniform? Does it meet with the sanction and approval of all the nurses? It is a question in my mind as to whether it is in good taste. We nurses of the East are very jealous of the dignity of our uniform (I am speaking now only of nurses of first-class standing), and for years we have been fighting the nurses of lesser standing who will persist in appearing on the streets in uniform—perhaps from motives of vanity, or perhaps from mere carelessness. Nevertheless, we feel that it occasions remarks that at times are not pleasant. I have even heard that women of questionable repute have donned the garb simply because it was pretty or becoming, and later have appeared in the police courts, the newspapers in the meantime commenting on the arrest of a trained nurse. It was only then that it was found out that they had no right to wear said uniform. It was this that impressed me in Chicago—what is the object of the nurses in wearing their uniform on the street? Is it with a "meek and holy spirit"? I fear not. Is it from a desire to appear conspicuous? I trust not.

Then why is it?

May I hope to hear the views of some other nurses, and what their impressions were? Yours,

SARA RUDDEN.

PHILADELPHIA, June 13, 1902.

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DEAR EDITOR: Permit me to occupy more space in answering an article in the June number from "Another Graduate Nurse" regarding life insurance than was used in my brief December answer to Miss Knight's October article. A typographical error made three and seven-eighths ( $3\frac{7}{8}$ ) per cent. read 37.8, but the cash return of fifteen hundred and forty-eight dollars and thirty-five cents is actual settlement. Quoting from the article I am answering I take the following:

"I have taken that sum (fifty dollars and forty-seven cents) and compounded it at four per cent. once a year only, and I make the amount sixteen hundred and thirteen dollars and forty-three cents."

This figure should be fifteen hundred and sixty-three dollars and one cent



(that is, on the basis of one dollar being equal to thirty dollars ninety-six cents and nine mills compounded for same period at same interest); so that the difference in favor of the bank would be fourteen dollars and sixty-six cents instead of sixty-five dollars and eight cents. Either difference, however, is unimportant in result at the end of twenty years, when the important feature of protection is duly considered, as in the event of death, even the day after the policy is issued, one thousand dollars would be paid.

Now, it gives me pleasure to answer this article, because it is broad and fair from an individual stand-point. But let us consider the large percentage of individuals and their needs during and for years after the end of twenty years, as the life-insurance options from year to year are most admirably adapted to changes that are apt to occur. Life-insurance deposits are mainly intended to protect valuable life during earning years. These deposits, however, have developed into one of the most secure and ideal investments of the age. Too often bank deposits are so easily getatable when a little self-denial would encourage thrift. Of course, it is not easy to select just what is best in kind and amount of life insurance, as very often the amount selected is too large and the kind too costly. Shorter-term policies than twenty years are not usually profitable investments, unless full credit is given to the important feature of protection from the moment policies are issued, with the compulsory saving added. Unfortunately, some agents misrepresent, but the policy should be the main guide.

I have tried to answer the article fully and fairly, and am glad to know that it recognizes the importance of protection, which is apt to be needed by the great majority at some time during earning years.

GRADUATE NURSE.

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DEAR EDITOR: In reply to your request regarding small-pox I beg leave to offer you my experience after having nursed upwards of four hundred cases under the supervision of Dr. Craig, who has made a study of the disease.

I. *Treatment.*—The preliminary stages rarely came under my care. During the secondary fever the patient should be carefully watched, fever and delirium combated with cold baths. They may be repeated every three hours if the temperature persists over 103°. If the pulse becomes weak and rapid, the patient may, by the judicious use of strychnine and whiskey, often be guided past the crisis and landed on the highway to recovery. The food should consist of liquids, chiefly milk. As the patient recovers he is given substantial nourishment and generally takes it well. The bowels are kept freely open and diarrhœa prevented. During desquamation the patient is given daily warm baths, using plenty of soap. Carbolized oil, 1 to 80, is applied locally to prevent itching, to destroy the odor, and to disinfect and prevent the drying and blowing about of scales. The throat and tongue are kept clean with hydrogen peroxide spray. The eyes are bathed with mild antiseptic solutions. The treatment in many cases is for the most part symptomatic, as numerous complications may arise.

II. Scarring depends on the depth of the pustules and is practically beyond control. Several methods were tried, including covering the face with a mask, keeping the patient in darkness, closing out all but the red rays by means of red blinds. Notwithstanding several cases of pitting resulted.

III. The red spots eventually disappear, but much more slowly in brunettes. The frequent application of absolute alcohol may hasten the process.



IV. The nurse should keep a close watch on the temperature, pulse, respirations, and general condition during the critical stage of the secondary fever. Many cases may be saved at this period by proper treatment. Yours truly,

LIZZIE C. RITCHIE, Ottawa, Ont.

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DEAR EDITOR: In answer to E. V.'s questions as to the treatment of small-pox, prevention of scarring, etc., I would say that I have nursed some twenty-eight cases during the late epidemic and find that the best treatment is absolute cleanliness. Complications must be treated as they arise. There is no "set" rule in the treatment of this disease.

II. In my experience I have tried many remedies to prevent scarring, but found none of any actual benefit. "Pitting" is bound to occur in severe cases, and can only be removed by subsequent treatment by a skin specialist.

III. Time alone will remove the "red spots."

IV. The first symptoms to be observed are headache, chills with accompanying fever, severe pain in the back, low down, usually in the region of the kidneys, rapid pulse, and often delirium. This condition lasts three or four days, when the rash appears on the forehead and arms. On the forehead particularly the spots feel like shot under the skin. The temperature drops now and remains down along the normal line until the eighth or ninth day, when the vesicles become pustular and we have a secondary rise of temperature. At this stage the eyes must be carefully watched and kept very clean. Sometimes it is necessary to wash them with some medicated solution every fifteen minutes—to prevent ulceration of cornea. About the twelfth day the pustules begin to dry off and the period of convalescence is reached. The complications most dreaded are albuminuria, pneumonia, sore throat, and diarrhœa.

E. T. M., Philadelphia.

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DEAR EDITOR: Through the columns of THE AMERICAN JOURNAL OF NURSING I want to reach every superintendent of Eastern training-schools to inform them of a pleasant feature that may be added to their journey to Detroit when they come to our convention in September.

The Detroit and Buffalo Steamboat Company is operating a daily service between those two cities via Lake Erie. Its steamers are the Eastern States and the Western States, and they are palatial, "up-to-date" boats. They leave Buffalo at five-thirty P.M., arrive in Detroit at seven-thirty A.M.; leave Detroit at four P.M. and arrive in Buffalo at seven-thirty A.M. The route connects with all the main railroad lines, and through tickets can be bought in Eastern or Western cities, thus providing for all transfers of passengers and baggage from depot to wharf.

The cost is three dollars less than by railway. Briefly expressed, those are the salient features that recommend the trip, but they embrace a small part of the delightful experiences of the journey. Coolness, cleanliness, and comfort are accompaniments, and it is worth a long trip to enjoy one such restful night in the cosy, roomy state-room with its wide berths and other nice appointments.

The meals, let me add, are extra, a la carte, excellent in quality and beautifully served.

I wish all of our visitors might obtain their first view of the historic old "City of the Straits" from the Detroit River front, for it is such a lovely approach. However, no matter in what manner they come, they can all be assured of a warm welcome.



I cannot find words to tell you how much we appreciate the JOURNAL. It certainly meets the needs of the nurse in her private and public relationships, and is a great factor in her education. Yours very sincerely,

L. E. GREYTER.

DEAR EDITOR: In these days of great improvements in methods of nursing we hear of various means to raise the standards of the training-schools; in plain words, to discourage those applicants whose education and intelligence are too limited for the needs of the work, whose motives in taking it up are frivolous, and whose characters render them unfit for the calling of a trained nurse, and to encourage those women whose aims are high and earnest, who have the requisite measure of education, refinement, and character, with a sincere love of their chosen work. Some hospitals have adopted the three-years' course, others make their entrance examinations less simple, and the months of probation more difficult, while others, *we hear*, have chosen the non-remuneration system. Now I can quite understand that a three-years' course would easily discourage the lazy or frivolous and those of ignoble purpose, that the entrance examinations would weed out the uneducated, and that the increased vigilance during the probation months would reveal the poor characters, the lack of refinement and dignity, and the want of interest in their work.

But will you tell me in what way does "no remuneration" during those hard years of training improve the standard? Does it, then, mean that the woman who possesses more dollars has the qualities of a nurse in excess of her poorer sister? These are some of the remarks I have heard of late with reference to such a system: "A most excellent thing, the standard will be higher for it." "I am glad to hear of it, for more nurses now will take the training for *itself*;" or "I think it a very good thing to keep *those kind* of people out" (*this* in reference to women who cannot afford to spend three years without ready money for personal expenses). Perhaps we have got to abuse the expression "raise the standard," and that we use it sometimes without reflection. I plead guilty to doing so myself, and weakly agreeing with the first speaker, but I went home and thought over it, and now I confess I was quite wrong.

How many young women take a nurse's course in a hospital for the sake of the paltry sum of seven or ten dollars a month? None, I feel sure, for were the wage their only object, they could certainly choose a less arduous occupation. The nurse who does her work *conscientiously* during the years of training quite earns not only the knowledge which practical experience and teaching bring her, but the modest sum as well which helps to cover her personal expenses. Many an excellent nurse could never have taken her training if she could not have had the means of defraying the expense of clothing, books, etc.

Take an orphan, for instance, who, being without natural providers, would have to depend, perhaps, on the ungracious bounty of other relatives instead of enjoying the independence which her own earnings would bring her. Or the well-bred, well-educated daughter of a widow in reduced circumstances—must she be considered below the "standard" if she choose, for material reasons, a hospital where some remuneration be given? I dare say, if we but knew it, there are many undergraduates who out of the meagre monthly wage contrive to send home a few dollars now and then, besides saving for their vacation and graduation.

By all means, let there be hospitals in which for their own good reasons



no remuneration be given, but let us have no more of that twaddle of "raising the standard" by such means.

Rather let the standard be raised by character, by refinement and intelligence, and by natural qualifications, than by a question of mere money.

*"Nec temerè, nec timidè."*

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[LETTERS to the Editor must be accompanied by the name in full and address of the writer, otherwise such communications cannot be recognized. The name need not appear in the JOURNAL unless so desired.—ED.]



THE National Association for the study of Epilepsy and Care of Epileptics publishes its report for 1901 in a volume which contains the latest word on this distressing condition. The report has been published and may be found in the medical libraries. Dr. Frederick Peterson writes on the causes, prevention, and cure of epilepsy. We quote from his paper the following remarks:

"If we were but able in the human family to control the reproduction of individuals with hereditary instability of the nervous system, it would be a long step in advance for preventive medicine. We display an extraordinary solicitude with regard to the proper development of our horses and cattle, but seldom even ordinary precaution in the rearing of human progeny.

"But some day the laws of heredity will be so fully appreciated that the parties to the marriage contract, the officiating clergymen, the physicians, and the lawyers will combine to aid in uplifting the human race, instead of complacently permitting its degradation.

"This must be a matter of general education of the people in the facts of morbid heredity. As it is now, the marriage of epileptics, the feeble-minded, and partially insane persons is a matter of frequent occurrence, not to mention the greater frequency of marital unions of the hysterical, neurasthenic, and otherwise diseased individuals.

"I have personally met with married epileptics, and several years ago I observed an instance of the marriage of an epileptic man and an epileptic girl, both of whom were intelligent and fully aware of the name of their malady. It is doubtful if the laws to prevent such unions recently enacted in two or three of our Western States will be effective; but at any rate the agitation of the subject by the press and the existence of such laws must be helpful in educating the public to the moral wrong and the dangers of indiscriminate marriages.

"Preventive medicine, as applied to epilepsy, must also take sides with the temperance societies against the common enemy, alcohol. Until the effects of neurotic heredity and the evils of alcoholism and ill-advised marriages are fully understood, we shall always have with us children born with the blight of ancestral sins and woes."



## EDITOR'S MISCELLANY



WHY THE RESTRICTION OF CONSUMPTION IS RETARDED.—At the annual meeting of the Michigan State Board of Health, May 15, 1902, Hon. Frank Wells, in his presidential address, said:

"A century ago Jenner discovered how small-pox could be prevented, and to-day it causes fewer deaths in a year throughout the world than consumption does every day. Twenty years ago Koch discovered the germ of tuberculosis and gave us the key to the prevention of this disease, which causes more deaths than any other. What vaccination has done for the restriction of small-pox the destruction of the sputum of those ill with consumption has done and is doing for the restriction of that disease.

"In both of these diseases obstructionists have endeavored to discredit and prevent the application of the measures which science and experience have shown most efficient for their restriction. Had vaccination and revaccination been general there would not have been the present recrudescence of small-pox. Yet there exist those who, notwithstanding the fact that small-pox had been substantially made to disappear by means of vaccination, still object to the application of it as a preventive measure.

"There also exist those who, notwithstanding the fact that consumption is diminishing, refuse to coöperate in the only means for checking the progress of this disease which experience has shown to be efficient." . . . "All that is required is that health authorities be furnished with the names and places of abode of persons suffering from consumption, in order that they may supply these victims with information of how they can best care for themselves and avoid infecting their families and friends with the disease.

"The knowledge of the names and habitations of consumptives is largely held by physicians. Some report this knowledge to the proper health officials, while many do not. Those who fail are avoiding both moral and legal responsibilities, and should realize that it is their inaction which is retarding the restriction and the eventual eradication of this disease probably more than all other causes combined."

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Two sessions of the National Conference of Charities and Correction, held in Detroit May 28 to June 3, were devoted to hospitals and nursing.

On June 2 Dr. S. A. Knopf, of New York City, read a very instructive paper on "What shall we Do with the Consumptive Poor?" Dr. Knopf is a leading authority on the treatment of tuberculosis. He believes that it is not hereditary, though communicable is not contagious, and can be cured. A change of climate is not essential, but pure air, hygienic surroundings, and, what he laid particular emphasis on, sufficient and nutritious food are necessary. In the discussion which followed many prominent physicians and charitable workers took part.

The establishment of large hospitals for tuberculosis was not considered advisable, but small sanatoria should be build at the seaside, especially for children, and in mountain regions for older people.



June 5 Miss Harriet Fulmer, of Chicago, read a paper on the work of the "District and Visiting Nurse" in her usual admirable and thorough manner. Miss Mary E. Smith, of Detroit, spoke of the work of the Detroit Association, and was followed by the head workers of several Bureaus of Charities, who expressed their appreciation of the district nurse's services.

There are two unique features of the work of the Detroit Association which might be adopted by others. The Alumnae Societies of both the large Training-Schools in the city are represented on the board, and each year one of the nurses is sent at the expense of the association to study the work in other cities. Last year one spent a month at the Nurses' Settlement in New York, and this year another sought new ideas and ways of working in Chicago.

A. D.

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MRS. MAUD NATHAN, the president of the Consumers' League, in an interesting article in the *World's Work* describes the work of the "social secretary," a new position for women for which nurses are especially fitted.

In former times in the small manufacturing establishments the employer stood in a more intimate relation to his employés and was better acquainted with their condition, both physical and moral. Now in the large industries employing hundreds of work-women the personal relation is lost, but far-seeing business men have realized that anything that makes for social betterment tends to industrial betterment also.

About eight or ten firms are now employing a social secretary, a woman of broad and intelligent sympathy, who looks after the health and comfort of woman employés. A friendly relation is first established—once the confidence of the girls is won, many things can be set right.

One began by looking after the health of the saleswomen, studied hygiene and sanitation, taught the necessity of keeping bodies and homes clean, and saw that proper retiring-rooms were provided, with medicine-chests. Gymnasiums have been suggested and free hospital beds secured, where the secretary visits regularly. Protection against draughts and cold vestibules and damp floors is secured in stores. Benefit societies and vacation clubs can be arranged for, and lunch-rooms looked after to see that the food provided is nutritious and of good quality. One secretary supervises the reading placed in the rest-room. Many firms testify that as a result a better standard of health has been maintained, fewer days are lost, and a greater interest is taken in the work.

A. D.

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MISS WALD, head of the Nurses' Settlement in New York, has been placed upon a committee to investigate the conditions of child labor in that city. Miss Wald's part of the work will be a study of the child labor on the streets.

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THE Colored Home and Hospital at East One-hundred-and-Forty-second Street and Concord Avenue has been opened to white patients. By action of the Board of Governors its name has been changed to the Lincoln Home and Hospital. It has been designated by the city authorities as an ambulance station.

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THE St. John's Guild of New York has had given to it an electric floating ambulance, which will convey patients from the Floating Hospital boats to the seaside hospital of the guild.



THE NATIONAL COUNCIL OF WOMEN.—The executive session will be held this year at Copenhagen. Both Denmark and Germany last year expressed a desire to receive the International Council Executive. Inasmuch as it seems necessary that the executive session of 1903 shall be held at Berlin in order to commence preparation for the Quinquennial, which is to be held in Berlin in 1904, the invitation of the Danish council was accepted for this year.

At the Washington Triennial it was voted, on motion of Mrs. Barrett, that a committee be appointed "to ask the Congress of the United States to appoint a government commission to collate and distribute information respecting the organized effort of the women of the United States." This committee has for its chairman the president of the council, with a large general committee and the president of each affiliated organization, and is to report at the next executive session of the council.

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THE report of the International Congress of Nurses in Buffalo is nearly ready, and orders may be sent to Miss Banfield, at the Polyclinic Hospital, Philadelphia, Pa. The report makes a handsome volume of about five hundred pages, and is full of interest from cover to cover.

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THE General Memorial Hospital of New York, of which Mrs. Lawson, a New York Hospital graduate, is the very able superintendent, is to have a gift of one hundred thousand dollars, to be devoted to original research work.

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THE Civic Sanitation Association of Orange, N. J., which had undertaken to support a woman sanitary inspector, has found a woman, Miss Helen D. Thompson, fitted to succeed in this interesting work. We regret that she is not a nurse, but realize that as yet nurses have not given much thought to the possibilities of these municipal positions.

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MISS IDA MURPHY, an Irishwoman, who is a trained nurse, is stated by the *Woman's Journal* to be the inventress of a churn which produces butter of fine quality in forty-five seconds

Miss Murphy was obliged to give up the hard work of nursing from failing health, and having good business qualifications and a keen mind, she invented this churn and formed a company to patent it and place it on the market. With this "one-minute churn" every family may have its own sweet, pure, unadulterated butter at less cost than at present.

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Two Chinese women who graduated in medicine in this country some years ago are in charge of a new hospital in Kingkiang, China. The hospital with all its appliances is modern, aseptic, and possesses every convenience. In its existence of one year seven thousand patients have been cared for. Is not this enough to make old China rub her eyes?

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ACCORDING to an authority on small-pox there were more cases in Cleveland, O., during the past few months than there have been for twenty years. All the hospitals have been caught by accepting patients who have developed the characteristic symptoms within the next few days.

Two pupil nurses in different hospitals died of the disease during May, while several others have taken it in a milder form.



NEW YORK MODEL SALOONS—ENGLISH PLAN TO BE GIVEN A TRIAL SHORTLY.—At the annual meeting of the City Club on April 23 a committee, appointed to inquire into the feasibility of organizing a company to establish and operate model saloons in this city like those of Earl Gray's Public House Association in England, reported that it was not a matter for the club to go into, but that an organization had been formed of persons not connected with the club to undertake the experiment. This organization has at its head Miss Lillian Wald, who has been much interested in East Side work, and who has raised, it was said, two hundred thousand dollars to establish saloons to sell light wines and beer of good quality and to encourage the purchase of temperance drinks. One saloon will shortly be opened on the plan lately described to the club by Earl Gray, and will be followed by others.

A committee appointed to investigate the work of the various reform clubs and societies reported that there was a great waste of labor and great ineffectiveness through duplication of work, and suggested the formation of a body to be known as the council for civic corporation, made up of one delegate from every organization to act as a sort of reform clearing-house. It was decided to invite forty-two organizations to send delegates. The club approved the lease of the new three hundred and twenty-five thousand dollar clubhouse now building for it in Forty-fourth Street.—*Boston Transcript*.

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DEMOCRACY AND SUFFRAGE.—Dr. Jordan, of Stanford University, says: "The purpose of manhood suffrage is not primarily to give good government, but to make men strong. Without responsibility for national affairs, men will lose interest in them. Without interest, they will fail in intelligent comprehension of them. The tendency of manhood suffrage is to give broader views, wiser methods of action, and higher patriotism. While democratic forms often yield bad government, it is through their operation that we have the best guarantee of good government in the future. A republic is a huge laboratory of civics, a laboratory where strange experiments are being performed, but where, as in other laboratories, experience must bring wisdom. The failures of democracy bring their own remedy in the greater wisdom of the people. If voting has this effect on man, we have a right to expect similar results from the extension of the suffrage to women."

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THE Students' Aid Association of Barnard College is trying to interest the students in other lines of work than teaching, which is overcrowded. At a recent meeting they had an address on the need of educated women going into reformatories and charity organization work,—where the influence of personality counts for so much. Miss Wald, head of the Nurses' Settlement, showed the opportunity for women to do social service through nursing. The district nurse, she said, had an insight into the life about her such as few others could gain. The nurse should also be confidant and adviser. The students were greatly interested and asked many questions.

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CHILD LABOR.—A bill to restrict child labor in the cotton mills of South Carolina has failed a second time, though by a smaller majority. Investigators who have gone through these mills report shocking conditions of inhumanity to children. All women should be stirred to study these questions. Cannot the nurse sometimes suggest such interests to her idle and over-luxurious patients?



## EDITORIAL COMMENT



### THE PROFESSIONAL STATUS OF NURSES

THIS number of the JOURNAL contains two addresses by notable medical men dealing with the professional status of nursing.

Perhaps no man in this country has had a broader acquaintance with nurses than Dr. S. Weir Mitchell, of Philadelphia.

The peculiar nature of his work required from its beginning the coöperation of intelligent, cultivated nurses, and perhaps we may safely say that no physician is more deeply indebted to nurses for his success than this greatest of our American neurologists. To those of our readers who do not know Dr. Mitchell personally and who have not been privileged to work with him some of his criticisms may seem harsh, but we know that what he has said in seeming condemnation of nurses and their work is said with but one motive, and that to rouse the nurses of his own city to a realizing sense of the defects in the methods of training which the most progressive women of the profession know to exist, not only in Philadelphia, but in every section of the country.

Those who are inclined to feel that Dr. Mitchell is unduly severe in his criticism should go over the paper a second time, when they will not fail to realize his deep appreciation of what is best in our profession.

He has for the nurse a high ideal, and he feels (this we knew personally) that the many failures to please are owing to defects in the past and present methods of training in the hospital.

Dr. Mitchell is deeply interested in the subject of preliminary training, and he believes, what we are all getting to believe, that the nurse, during some portion of her period of training, should give some time, if she has not done so before, to those studies which tend to give a broader intellectual culture. Dr. Mitchell's vast experience, covering the time since trained nursing first commenced in this country, gives him the right to speak with authority; but he shows a lack of familiarity with the effort which the nursing profession at large is making for its own advancement.

In this respect his paper differs from the address of Dr. Worcester, who, although a much younger man, has interested himself very greatly in New England in the subject of the training of nurses. Although we are not entirely in sympathy with all of Dr. Worcester's ideas, we recognize the fact that he has, more than any physician we have known, kept in touch with the effort that the nurses are making for their own professional advancement.

He is the first physician to assert that nursing cannot become an independent profession until it ceases to be dependent upon the medical profession for the most important part of the education of its members. Dr. Worcester sees the future, with its possibilities, and is ready to grant perfect liberty of action to nurses for the development and progress of their own profession. There is this comfort in the situation, both for ourselves and for the members of the medical profession, that the present status of the nursing profession, with its wonderful successes and its marvellous failures, is what medical men have made it.



When we have reached that point in our development which Dr. Worcester refers to, when not only the art but the science of nursing shall be taught nurses by nurses, we may claim all the glory, but we shall also bear alone the burden of criticism.

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#### THE CASE OF JANE TOPPAN

MENTION was made in these pages some months ago of the arrest of the woman calling herself Jane Toppan, claiming to be a trained nurse, charged with having caused the death of twelve of her patients.

The explanation was given at that time that this woman had been discharged for cause from the Training-School of the Massachusetts General Hospital, and had been given employment by physicians in and about Boston, and had successfully posed before the public for a period of more than ten years as a trained nurse.

Previous to her trial this woman was examined by three of the most distinguished specialists for the insane in the State of Massachusetts. Her confessions have not been entirely made public, but if one is to believe what we hear of her own story, the horror increases, as she claims to have caused the death of thirty-one patients entrusted to her care. Her trial was very brief, the testimony of the three experts being accepted with no question by the jury, and she was pronounced insane and committed to the asylum at Taunton.

At the time of her arrest an attempt was made to inform the public through the daily press that Jane Toppan was not, in the accepted sense of the term, a trained nurse, but the public still fails to distinguish between a woman who has finished her education and been awarded a certificate and the woman who, having spent some months in a hospital, is discharged by that institution as having proven herself disqualified, either morally or physically, for the duties and responsibilities of a nurse.

There is nothing at all unusual in the circumstance of the discharge of Jane Toppan from the school, and the refusal on the part of medical men and the public to accept the decision of the institution as to her fitness for nursing work.

This thing is happening every day in every city where there is a training-school, and will continue to happen until nurses themselves demand some system of registration by the State which will make the posing of such a woman as a trained nurse a legal misdemeanor.

The Boston *Evening Transcript*, under date of July 5, publishes several letters of protest against the decision of the court.

One of these correspondents seems to somewhat question the decision pronounced by the three experts, calling attention to the fact that not one of the physicians who employed Jane Toppan seemed to have suspected or questioned her sanity. The circumstance which seems to us most remarkable is that the physicians who signed these thirty-one death certificates should not have recognized the real cause of death, but should have made a wrong diagnosis in so many instances.

This same correspondent suggests that it would be "well for each State to pass a law which shall require that all graduating nurses of both sexes must be subjected to some special test of their mental and moral fitness before being allowed to receive their diplomas."



This idea is in line with the movement for "State registration," but in view of the thirty-one erroneous death certificates it would seem not only necessary that nurses should be subjected to rigid examinations, but that the State examinations for physicians now existing are still lamentably faulty.

When the life of a citizen has been destroyed, the State leaves no stone unturned to punish the murderer, but it is one of the curious conditions of what we call civilization that the State exercises very little control for the preservation and protection of life.

Conditions are known to exist in public institutions, in factories, in tenement-houses, and in all places where people are congregated together that endanger life; unskilled and untrained employes are permitted to fill positions involving duties of such a nature that one false or careless action may endanger the lives of thousands of people; every kind of quackery in medicine and in nursing is tolerated; and yet it is only when some terrible accident occurs or some frightful fraud is exposed that the State concerns itself to punish the guilty party.

The sentencing of Jane Toppan to the Taunton Asylum for life will not prevent a disqualified woman, discharged from a reputable training-school for nurses, being taken up by one or more physicians, and in a short time becoming established as a regularly trained and graduated nurse.

We have made the statement before, and we cannot repeat it too often, that such abuses will continue so long as the members of the nursing profession permit them, and they will cease when the members of the nursing profession as a body demand legal protection for themselves and for the public at large.

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#### IS THE PROFESSION OVERCROWDED?

ONE frequently hears the statement made that the nursing profession is becoming overcrowded, and in some of our large nursing centres, where nurses have congregated together in unreasonable numbers, one might think such to be the truth, but those women who were so fortunate as to listen to Miss Julia Lathrop's address of welcome to the members of the convention held in Chicago must have felt, as we did, that the nursing profession has only reached the border lands of the vast territory it has yet to enter.

Trained nursing for the insane is not a new problem in New York State or in Massachusetts, but it is a problem that the general nurse has not concerned herself about very largely. Gradually the interest is broadening, and eventually this field will take great numbers of our best women.

Miss Lathrop has shown that the State of Illinois is making very radical changes in its methods, and such improvements as she outlines must call for many women to occupy important executive positions.

As yet in those States where the training of nurses for the insane has been in operation for some years there has been little affiliation between the two classes of nurses, but we believe that a more cordial relationship is bound to follow when the importance of the better training for the insane is more universally recognized.

Another point which we wish to emphasize upon the subject of overcrowding, and which we have upon various occasions mentioned before, is the need of one or two trained nurses in every small town where there is a physician.

As a result of the overcrowding in large cities, and the consequent inability



on the part of many to earn more than a bare existence, this question of service to the country districts and the small cities will eventually take care of itself, but until the country districts, as well as the cities, are supplied with good nurses the profession cannot be said to be overcrowded. The amount of compensation in the towns is, of course, not as great as in the cities, but this is offset, on the other hand, by the more moderate cost of living, and we believe that a good nurse in a small community receives a certain kind of recognition as a valuable citizen which she loses in the overcrowding of our great cities.

We are told that in the work of "sanitary inspection" the demand for nurses specially trained for this class of work is vastly greater than the supply, and at every turn we find new openings for "trained nurses" (?), not always, however, of a strictly professional nature.

We have recently seen an advertising circular of a large rubber-goods establishment which offers as one of its attractions the services of a "trained nurse," whose duties shall consist in trying on and adjusting various articles and appliances, and we have recently seen a newspaper article commending a sort of intelligence-office arrangement for the bringing together of patrons and "trained nurses," the latter to serve in the capacity of ladies' maids, with the comment that the nurses' training made such women specially valuable as travelling-companions. With all of our reaching out towards higher ideals, there is a certain comfort in knowing that the woman who is without professional pride soon finds her level in some other line of occupation, and in a very short time the uniform, which she persists in wearing, is all that is left to remind one that she claims kinship with us.

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THE General Federation of Women's Clubs, lately in session in California, gave a great deal of attention to the subject of child labor, which is becoming a horrible and shameful feature of our strong and wealthy civilization. The new industrial revival in the Southern States is based upon child labor; children from six to twelve years work for fourteen hours a day in the factories for a pittance.

The worst part of it is that these factories are almost entirely owned and controlled by capitalists from the Northern States, who in their own States would find laws forbidding such heartless enslaving of childhood. Yet in New Jersey a shocking state of abuse of childhood in the glass factories has lately come to the public notice, and Illinois is notorious for its oppression of children.

Mrs. Granger, president of the Georgia Federation, made an address on the subject which affected the audience to tears, in which she described the vain efforts made by the club women of the South to secure legislation to prevent the employment of children under twelve in the factories. Miss Jane Addams spoke most strongly and movingly on the subject, and the federation voted that for the next twenty years its efforts shall be devoted to the initiation, maintenance, and improvement of child labor laws.

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#### THE NEW YORK MEETING

THE meeting of the New York State Nurses' Association at Utica was as well attended as could be expected in midsummer. The nurses of Utica who are not yet members came in commendable number and showed great interest in the discussions.



The whole tone of the meeting was harmonious and pleasant. This years of experience have accustomed us to think the prevailing characteristic of nurses' assemblies.

The discussions were in the form of informal conference rather than of argument, and definite business motions and voting were only such as were needed to carry on the work continuously until the next meeting, when a much larger attendance is expected. The most satisfactory point of the committees' reports was the announcement by the Legislative Committee that Senator Armstrong would undertake to carry our bill to the Legislature. This, with the support we shall undoubtedly receive from the medical profession and the public, is almost enough to insure its success at an early date.

The necessity, placed before us by advice from the Regents, of selecting a title by which the trained nurse should be distinguished from the untaught woman took the assembly somewhat by surprise, and as this is an extremely important action it was voted that the direct vote of each member should be taken before the next meeting. The choice of titles as suggested lies between "registered nurse," "registered graduate nurse," "graduate nurse," "trained nurse," and "certified nurse." To us it would seem that of these titles, R. N. (registered nurse) would be, on the whole, the most descriptive, the most definite, and also the most dignified. The word "trained" we long ago discovered can never mean anything definite, "graduate" is no more expressive, and "certified" does not so immediately explain itself as the word "registered."

We now once more remind nurses of the duty they owe the public and to their profession in supporting this movement. Every nurse who is a graduate of a general hospital training-school, or from a New York State hospital for the insane, if not a member, should be a member of the State Association.

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ONE of the pioneer medical women of America died lately in Massachusetts, Dr. Marie Zakrzewska, who was born in Poland, studied medicine in the "forties" in this country, and who was the founder of the New England Hospital for Women and Children. Dr. Zakrzewska was also associated with Drs. Emily and Elizabeth Blackwell in establishing the New York Infirmary for Women and Children.





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## STATE REGISTRATION FOR NURSES

By L. L. DOCK

REQUESTS have come to the JOURNAL from different sources for an article on State registration, but as it seems to me probable that the public, including nurses, might get a clearer light on the subject through a compilation of current opinions, I have, instead of preparing an article, put together various cuttings, commenting upon them as they run along, and italicizing such points as call for special notice.

An interesting correspondence lately appeared in the *British Medical Journal* giving the arguments for and against registration. It was begun by Dr. Havell, who wrote a long and serious letter advocating State regulation of the education of the nurse. The tone of his argument was dignified, scholarly, and also expressive of true regard for the nursing profession. It is too long to quote in full, but among other things he gave examples of unfit and irresponsible women in the nurses' uniform, and then said:

"For the purpose of this argument mankind may be divided into three classes—doctors, patients, and nurses. In the interest of all three classes it is high time to unite into a disciplined army the irregular forces of the nursing profession.

"It is in no hostile spirit that I urge this plea. I yield to no one in admiration of the excellent spirit, high character, and devotion to duty of the great majority of the members of this indispensable and exalted calling.

"Among nurses themselves I believe the feeling is strong. I am convinced they would welcome any centripetal force which would weld these disorganized units into an organized body. These forces could be exercised by no one so fitly as our association. A bill constituting a general nursing authority, composed of representatives of the medical and nursing professions and the laity, having power for directing the educational qualifications and registration of nurses, would, I believe, be approved by the majority of members.

"It might be desirable to divide nurses into two classes,—trained and



untrained,—in the same manner as teachers in the public elementary schools are classified as certificated or not.”

While the tone of Dr. Havell's letter is friendly and sympathetic, several of his points would probably not be allowed by organized nurses in this country or by a majority of those in England. It is, for instance, a great mistake to suppose that the medical associations can weld disorganized nurses into a solid body; nor would it be desirable for them to try to lead in such a movement. It is universally conceded, in this country, at least, that real progress, real growth, can only come from within. Nurses must do their own organizing, and, when the time comes, their own legislating. Any set of people, no matter who, who would allow such things done for them are no better than a flock of sheep, and deserve no more distinguished fate.

Dr. Havell's suggestion of the central board, including laity, physicians, and nurses, is good. He, however, does not say how it shall be formed, and this is the point that would mark the status attained by the nurse,—a point of great significance, which is brought out later in our compilation. I think, also, his idea of two classes of nurses would not receive favor here, as the same classification of public-school teachers does not exist in this country. What seems to be the rational and simple method is that the State should specify a minimum general training which all nurses must have, and beyond this let all who will advance continually. Then the minimum will gradually rise as a higher example is set. Strict classification tends to create caste and a fixed state, and so to retard growth.

To Dr. Havell's letter Mr. Sydney Holland replied in opposition. Mr. Holland holds the calling of the nurse in as high esteem as any man living, and in his position as chairman of the London Hospital he gives continual proofs of his real and practical regard for nurses and their welfare. He, however, looks at the question from the stand-point of the old-fashioned paternalism, viewing an independent life for the nurse with sincere distrust, and believing that State regulation of her education will knock away all moral support from her life.

His letter, an extract from which follows, sounds, we must admit, in comparison with that of Dr. Havell, somewhat superficial and flip-pant:

“Will anyone tell me how an officious nurse, a cruel nurse (by negligence or manner), a dirty nurse, a careless nurse, a flirting nurse, an occasional drinking nurse, an immoral nurse,—not too glaringly so,—will anyone tell me how any of these could be turned off the registry? Why, it would mean an action at law in every case. It would be as difficult as to get rid of a bad clergyman. If I am granted that these women could not be turned off a registry,



what a farce registration would be. You might have on the registry a really very bad woman, combining all the above failings, yet going about with the government hall-mark on her."

It will be noticed that Mr. Holland makes the mistake of regarding the State registration as but another and more irresponsible form of "Intelligence Office," or place where one goes to obtain certificates of "character" of desired employés. Needless to say, this is an entirely erroneous way of approaching the question. The State will but safeguard a certain minimum standard of requisite professional education, as is well shown in the admirable letter of Miss Catherine Wood, one of our Congress delegates. Miss Wood says:

"I quite agree that no register can guarantee the 'character' of those placed on it. I only claim for it that it provides a means of testing and endorsing the value of the manifold certificates at present floating about; that by the machinery of the register it will be possible to evolve order out of the existing chaos of training, and that its indirect action will be to form a professional and ethical standard which will in time steady and elevate the profession. The subtle question of 'character,' the discovery of the 'good woman,' must be left, as always, in the hands of the nurse training-schools. Would that they realized their immense responsibility in the matter!

"Even when a conscientious matron is anxious to purge her school of those about whose character she is doubtful, she finds an almost insuperable difficulty in convincing her board that she is not, in the absence of definite and overt misconduct, acting as the tyrannous woman in power.

"At least registration will prevent the rejected candidate from masquerading in the uniform of the qualified nurse, often under the style and title of the hospital which refused her a certificate."

The *British Medical Journal* then made the subject one of a long editorial, in which the early history of English organization for the purpose of registration was reviewed, the failure of the Royal British Nurses' Association to work for legislation was recounted, and the arising of the new movement was described in a sympathetic and understanding way. The editorial discussed the form and composition of a State society and proceeded as follows:

"Those who questioned the wisdom of admitting the medical profession to membership (in the Royal British Nursing Association) felt that in doing so they were consulting the best interests of the nurse. It is a well-known fact that when men and women meet on any consultative body the women rarely take their full share in consultation, and bearing in mind the relative position of doctor and nurse, it was thought that free discussion among the rank and file would be impossible.

"The result seems to have proved that these fears were well grounded.

"*The reports of the proceedings show that the conduct of affairs is largely in the hands of the medical members; the medical secretary presents the reports;*



*most of the speeches were made by the same members; the nurses are practically silent. Whilst admitting that the medical members were actuated by the single desire to promote the interests of the nurses by thus joining hands with them, it seems that their position on the council has had the effect of putting the nurses out of the active management of their own affairs."*

These words are full of instruction, and we recommend all nurses to ponder them well. In this country a number of the medical journals have given editorial mention to the new movement for State registration, and all so far have been of liberal tone and sympathetic attitude. They do not show the slightest hint of a disposition to take over the initiative or assume the lead in securing State regulation, but express friendly and encouraging interest, and this tone deepens the conviction that the best part of the medical profession holds it unethical to control the nurse outside of the care of the patient, and that we shall always receive support, good advice, and a chivalrous non-interference from those to whom we most cheerfully accord deference and respect.

The following editorial from the *Buffalo Medical Journal* gives the general tone of all:

"STATE LICENSE FOR NURSES.—In keeping with the reforms that have been established in this country within the past few years relating to the protection of human health and life, the suggestion has been made recently that graduate nurses who propose to practise their profession shall obtain a license from the State, conferred after due examination. To this general proposition there can be no reasonable objection, but, of course, opinions will differ as to the methods of establishing it.

"One of the chief difficulties to overcome is the fact that almost every hospital, public and private, in large cities and small towns has established a training-school to promote its own particular interests. In this way the public has thrust upon it all sorts of nurses with all kinds of training. Some, of course, have received adequate instruction to fit them for general nursing, and such are competent to carry out the instructions of a physician in any case, whether pertaining to general or special medicine, from typhoid fever to obstetric service. These, however, have been graduated from the best training-schools, which, comparatively speaking, are few in number.

"In the private or smaller hospitals the training is usually adapted to the requirements of the patients that are under special treatment; hence, such nurses, speaking generally, do not receive as elaborate instruction and are not as well equipped for general nursing as are those from the larger institutions. We have heard the criticism that nurses in the general and larger training-schools fail to receive instruction with reference to what may be termed the niceties of nursing. The proper preparation of a tray, bringing food hot to a patient's room, the administration of a bath or the general arrangement of the patient's toilet, frequently become as important factors in the ministrations to the sick as promptitude or adequacy in medicinal dosage. A nurse who cannot do all this and do it well has no place in the sick-room. In certain private or



small hospitals, particularly those where women only are taken for treatment, greater attention is given to the refinements of nursing, and a graduate from such an institution is generally equipped in the best manner possible for private nursing among people of education.

“On the other hand, the large hospitals pay considerable attention to operative procedures and other glittering generalities, but scarcely any attention to the refinements of nursing. In other words, there is no uniformity in the curriculum for the training of nurses, each hospital, public or private, establishing its own methods and standards. The result is that this kind of instruction is in a somewhat heterogeneous state. Nurses have been admitted in many instances without adequate preliminary requirements, their training-school life has not been properly directed, and their final examinations have not been as strict as the importance of the subject demands.

“It would seem to be in keeping with the spirit of the age to place the education of nurses in the hands of the Regents of the University of the State of New York, and in this way make it conform to the general scheme for education, professional and otherwise, established by law. By such a plan the number of training-schools could be reduced, the efficiency of others enhanced, and the quality of nurses improved. A State license is a prize that would stimulate the best efforts on the part of pupils and would lift the trade of nursing to the higher level of a profession.”

We have noticed that Dr. Havell indicated nurses, doctors, and laity as composing an ideal Examining Board.

This is in accordance with the ideas of American nurses, who from the inception of organization have felt that a State board dealing with questions of a nurse's education must have nurses sitting upon it. Nurses must examine in nursing, physicians in medicine, and the lay element will, in New York State, be found in the Regents, under whose guidance all educational standards are fixed.

We have also felt from the beginning that the nominations for these Examining Boards must be made by the State societies, and this is the most important of all reasons for insisting on a purely self-governing society of nurses.

The nominations once made by the society, the choice of a certain number of the list of nominees is the prerogative of some authority fixed by the law of the State. In many States the Governor chooses; in New York State the Regents make the choice. No nurse of intelligence can fail to see the importance of this nominating privilege. The last word upon this subject, completely supporting the principles of American nurses, is the letter written by Miss Louisa Stevenson, president of the newly formed Society for State Registration of Nurses in England, from which we give extracts.

Our readers who were at the Congress will remember Miss Stevenson well, her dear, venerable face and sweet voice, and her broad liberality on educational topics. Miss Stevenson is one of the governors of



the Edinburgh Royal Infirmary, and believes in men and women working together *on an equal plane*.

Part of her letter is as follows:

"At present the majority of the public have no means of judging between a true and a spurious nurse, and there are certificates floating about which are worse than valueless. What is the remedy? We must have, and we must work and fight till we get it, a strong, intelligent, and enlightened central authority who shall regulate and define the qualifications necessary to entitle a nurse to have her name placed on a State register. *This council should consist of a majority of experienced matrons, a certain number of doctors,—men or women,—and lay members of hospital boards, with experience and knowledge of nursing matters, all to be elected eventually by registered nurses themselves.* An opinion has been expressed that we who favor State registration attach less importance to the character of a nurse than to her technical skill. Such a misunderstanding I desire to repudiate from the first. Indeed, I do not believe that a good nurse, from the technical point of view, can be made out of anyone who is not at the same time a good woman. This, I think, experience has taught us all.

"The door of entrance to what ought to be a nursing profession stands too widely open. It ought to be guarded by preparatory training, by examination, for which the would-be nurse should be required to pay. People do not give their money for what they do not care about. Hundreds imagine or believe that they have a 'vocation' for what costs them nothing, and many such gain admission to hospitals, where they are fed, lodged, informed, taught, and even paid without any pecuniary effort on their part. None of these things will make up to an earnest, educated probationer for the want of efficient hospital teaching. The public can have no idea how this varies, not only in different hospitals, but in the different wards of the same hospital. Power to teach ought to be taken largely into consideration in the appointment of sisters and staff nurses in hospital training-schools. The registration examination would set a standard for the training-schools of the country to work up to, and would tend to lessen the proud isolation of each individual hospital. These examinations should be pass and not competitive, and the candidate's whole hospital career as reported by her matron should be taken into consideration in judging of her fitness for registration. *One of the most encouraging features of this movement is that the demand has come from nurses themselves,* and already close on five hundred are demanding this reform. At the Buffalo Nurses' International Congress last autumn the five hundred delegates present unanimously passed a resolution in favor of State registration. A similar resolution was passed unanimously a few weeks ago by the Scottish Women's Liberal Federation. This I regard as a remarkable testimony from employers and employed alike. The task we have set before us is no light one. Of course, we will make mistakes, but these, I hope, we will rectify when discovered. President Roosevelt once said that the only man who never made mistakes was the man who never did anything. We owe it to the army of first-class nurses, who are doing splendid work in this country, to do our best to insure that in the future no woman shall be entitled to call herself a trained nurse who is not a trained nurse and registered as such, and that the name of any nurse who discredits her profession shall be promptly removed from the register. At present the society is in a minority. The honest opinions of all who differ from us must be received with the most respectful attention, and



we must at the same time do our best to turn this minority into a majority. I am faithfully yours,

“LOUISA STEVENSON.

“13 RANDOLPH CRESCENT, EDINBURGH, May 28, 1902.”

These extracts show the current of opinion, and it is most inspiring to know that the effort to obtain legal regulation and status is being carried on simultaneously in England and this country. Our State societies will be observed closely by English nurses, just as we will follow intently their actions. Each must feel fortified for the work before us by the thought that the others are undergoing the same experience.

The one reminder and caution that I think the great mass of nurses need is, to remember that no immediate good results can possibly be seen from legislation, and that its influence will be indirect and slow. The first step—that of having all nurses on a public register—gives them all a definition, but beyond that it leaves everything precisely as it is now. The real advance will be when we can secure by law (*a*) a fixed minimum of *time* which must be spent in training; (*b*) a fixed minimum of *subjects* which must be studied practically; (*c*) definite preliminary requirements.

When these conditions are fixed and proved to the world by a Regents' examination, as agreed upon by our own State society and Board of Examiners, then we may really feel we are making progress.

I would not like, however, to prophesy the immediate coming of this millennium.

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## THE ESTABLISHMENT OF SCHOOLS FOR NURSES IN CUBA \*

BY M. EUGÉNIE HIBBARD

Member of the American Society of Superintendents of Training-Schools for Nurses, Late Superintendent of the Santa Isabel Hospital, Matanzas, Cuba, and Superintendent of Hospital No. 1, Havana

WITH the military occupation by the United States of the Island of Cuba, a country so crossed and barred by events in its previous history, began a new régime, difficult for the people of tropical climes to appreciate, and possibly more difficult for them to imitate and sustain.

The conditions were such in 1898 that vigorous efforts were imperative to make the island habitable for those who were forced or chose to remain in Cuba, aside from the population whose heritage it is.

At once energetic minds set to work to evolve order out of chaos

\* Paper sent to the International Congress of Nurses at Buffalo, September, 1901.



and enforce a sanitary administration that would eventually and effectually relieve the country of filth, disease, and the dread scourge, yellow fever, which limited the ingress of foreigners, enforcing quarantine laws extremely trying to travellers, and proving a serious menace to the business interests and development of the island.

It was also essential to arouse the inhabitants from their apathy to a sense of their personal national responsibilities, substituting the practical for the sentimental in actual work, which only could be accomplished by enlisting them as coworkers with those whose knowledge had been secured through experience, and to whom to-day the greatest credit should be generously given for the excellent results.

According to the latest record, Havana, the principal city of the island, has only one rival in the United States in presenting a lower death-rate.

In Cuba, as in most countries that have been dominated by strong religious views and where the government has been practically led by the church, a condition existed that prevented women from taking an active part in philanthropic work, outside the religious orders of Sisters of Charity or members of the various communities recognized by the church. These sisters, among whom there are always some excellent women, had charge of the nursing and domestic departments of the various State institutions, such as hospitals, orphan asylums, and asylums for the poor and destitute, and were considered the legitimate persons to carry on such work.

Unfortunately, their vows restricted them in the performance of duties that are considered an important essential in the care of hospital patients, and which duties were delegated to persons of inferior position and ability to perform.

The strides that the medical profession has made in the line of progress during the last twenty-five years has demanded an evolution in the ranks of so-called nurses, and in countries where the religious orders do not rule the graduate nurse is the result.

A similar one we hope shortly to produce here—educated and trained on lines that will command the respect of the older sisters in the service of nursing.

As inheritors of customs and prejudices founded on Moorish habits, we find the women of Cuba an affectionate, emotional, and irresponsible people, without much moral, mental, or physical force, incapable of sustained effort, and—most to be deplored—without ideals or standards that excel, but with an innate sense of refinement and a disposition to be led through their affections which is most gratifying if properly directed.





CUBAN VILLA

Now the Training-School for Nurses, Matanzas, Cuba







The lack of education among the larger class of women in the ordinary branches, or even the rudiments of Spanish, is an obstacle which is difficult to overcome or overlook.

Out of this material (with the optimistic view predominating) we hope to evolve the traditional calm, self-poised, intelligent, industrious, and ambitious graduate nurse of the twentieth century.

Therefore upon whomsoever the duty falls of introducing new ways, imperceptibly though radically changing social customs, facing the traditions of the country, and to a certain extent the opposition of the church, an exquisite tact is required, which should be controlled by common-sense, good judgment, and a strong desire for the moment to work in harmony with existing conditions, with the end in view of creating such a picture of life and its possibilities for women that will both entice and charm, and be a factor strong enough to overcome scruples that at present prevent women of education and refinement from taking an active part in a life savoring of publicity.

With the passing of the religious to the secular régime, and the subsequent withdrawal of the "sisters" from the various hospitals, the establishment of schools for nurses became an absolute necessity in order to provide for the immediate care of the sick.

The first school for nurses in Cuba was started by Dr. Raimundo Menocal in connection with the "Sanitarium Havana," in the city of Havana. It was opened in January, 1899, with twenty-two pupils, under the charge and theoretical instruction of Dr. Vidal Sotolongo. The sanitarium was closed in the month of May, the same year. The permanent establishment of the schools for nurses, however, is due to the interest and influence of Dr. C. L. Furbush and General Ludlow, assisted ably by Drs. Emiliano Nuñez and Raimundo Menocal. The first school for nurses was officially established and opened in August, 1899. Miss Mary O'Donnell, graduate of Bellevue Hospital, New York City, was appointed superintendent.

Later, and under the direction of Major E. St. J. Greble, Superintendent of the Department of Charities (which is under the general supervision of the Department of State and Government), schools for nurses were established in connection with the following hospitals, named in chronological order:

Hospital Civil, Cienfuegos, March, 1900; Miss Jeanette Byers, superintendent.

Hospital No. 1, Havana, September, 1900; Miss Gertrude W. Moore, superintendent.

Hospital Santa Isabel, Matanzas, October, 1900; Miss M. E. Hibbard, superintendent.



Hospital General, Puerto Principe, November, 1900; Miss Mitchell, superintendent.

Hospital General, Remedios, November, 1900; Miss Samson, superintendent.

Hospital Civil, Santiago de Cuba, January, 1901; Miss G. W. Moore, superintendent.

Making a total of seven. Changes have taken place in the supervision of some of the schools, but the names given are those of the first superintendents appointed.

On the retirement of Major E. St. J. Greble from the position of Superintendent of the Department of Charities, Major J. R. Kean received the appointment, and the subsequent success of the schools is due largely to his personal interest and keen appreciation of the actual requirements at this stage of the schools' existence. Shortly after assuming office, in July, 1901, the following order was issued:

OFFICE SUPERINTENDENT DEPARTMENT OF CHARITIES,  
HAVANA, CUBA, July 16, 1901.

By authority of the Military Governor, a Board will be convened to meet in the office of the Superintendent of Charities, Havana, Cuba, at twelve o'clock, July 22, 1901, or as soon thereafter as practicable, to draw up a system of regulations for the training-schools for nurses in Cuba. They will also fix the course and duration of instruction, the requirements for admission, the standard to be required before graduation, and make recommendations with regard to salaries and allowances. The board will also recommend a suitable manual for use in the nurses' schools, and in the hospitals under State control.

The board will be composed as follows:

Dr. Manuel Delfin, Vice-President of the Central Board of Charities of Cuba, Havana.

Dr. Emiliano Nuño, Médico-Director of Mercedes Hospital, Havana.

Dr. Enrique Diago, Médico-Director, Hospital No. 1, Havana.

Mrs. L. W. Quintard, Inspector, Department of Charities.

Miss M. Eugénie Hibbard, Superintendente, "Escuela de Enfermeras," Matanzas.

The Superintendent of Charities will issue the necessary transportation.

J. R. KEAN,

Major and Surgeon, United States Army, Superintendent Department of Charities.

The meetings, several in number, were well attended, and at the end of the month of August, 1901, a "Plan of General Regulations for the Schools for Nurses of the Island of Cuba" was submitted for the approbation of the Central Board of Charities of the Island of Cuba.

Later, in the month of October, 1901, these were made more comprehensive, were somewhat modified, and were again submitted for ap-





" DURING CLASS-HOUR "

Training-School for Nurses, Matanzas, Cuba, M. Eugénie Hibbard, Superintendent







proval. Eventually, on January 3, 1902, the plan was approved of in its entirety by the Military Governor of the Island of Cuba, General Wood. . . .

The aim and fixed intention of those interested in organizing schools for nurses in Cuba was to put them at once on the highest plane attainable, giving the result of similar work in other countries as sufficient reason to establish a standard that would at once command the respect of the people and the self-respect of the accepted student, defining emphatically a position for the nurse in a country until recently ignorant of her existence. To start with a high standard is a more effectual way of securing success than in placidly allowing conditions to evolve.

The science of nursing has passed the pioneer stage and has now a foundation firm as a rock. Hand in hand with the medical profession (as handmaiden of it), it claims respect for the assistance it gives to suffering humanity and to the advance of medical research. To those who have so earnestly and so wisely encouraged the work of nursing in Cuba the profession owes a heavy debt of gratitude, for without the assistance, interest, and concentrated effort of men of influence and prestige and the hearty support of the Cuban doctors of reputation and influence the work that has been accomplished in Cuba could never have given to the world the history of its existence. To-day the number of pupils in training exceed one hundred and fifty, with at least thirty-seven instructors—American graduates. . . . \*

“The object of these schools shall be, first, to further the best interests of the nursing profession by establishing and maintaining a universal standard for instruction and providing students with the proper means of education in the practical care of the sick; second, to secure for the students upon graduation a degree or title which will be a protection in practising their profession and be a recognized means of securing employment; third, to provide hospitals and institutions in the island with skilled service in the nursing department and proper number of graded assistants, thus conferring a benefit to the mass of suffering humanity.

“The schools for nurses are State institutions, attached to hospitals for mutual benefit, but under the direct control of the Department of Charities. The director of the hospital shall be the immediate representative of the department in the school, and the treasurer of the hospital shall be also the treasurer of the school. Separate estimates for the schools shall be prepared and signed by the director and the treasurer.”

\* From Report of the Military Governor, January 3, 1902.



[NOTE.—In the International Congress Report will be found the rules and regulations governing the Cuban schools, which are most interesting, but would occupy too much space to be given in these pages. We quote, however, several paragraphs from the General Regulations that are especially significant.—ED.]

“ARTICLE 3. The heads of the schools will be: First, the medical director; second, the superintendent; and, next, the graduate nurses who may be designated to act as assistants to the superintendent.

“ARTICLE 4. A committee consisting of three members of the Central Board of Charities, appointed by the same; a professor of the School of Medicine, appointed by the dean; and a graduate nurse holding no position in any school, but having previously filled the position of superintendent, designated by the Department of Charities, will deal with all affairs of a general character affecting the schools. All correspondence will be transmitted through the Department of Charities. This committee will meet regularly once a month, and will hold special meetings as often as necessary.

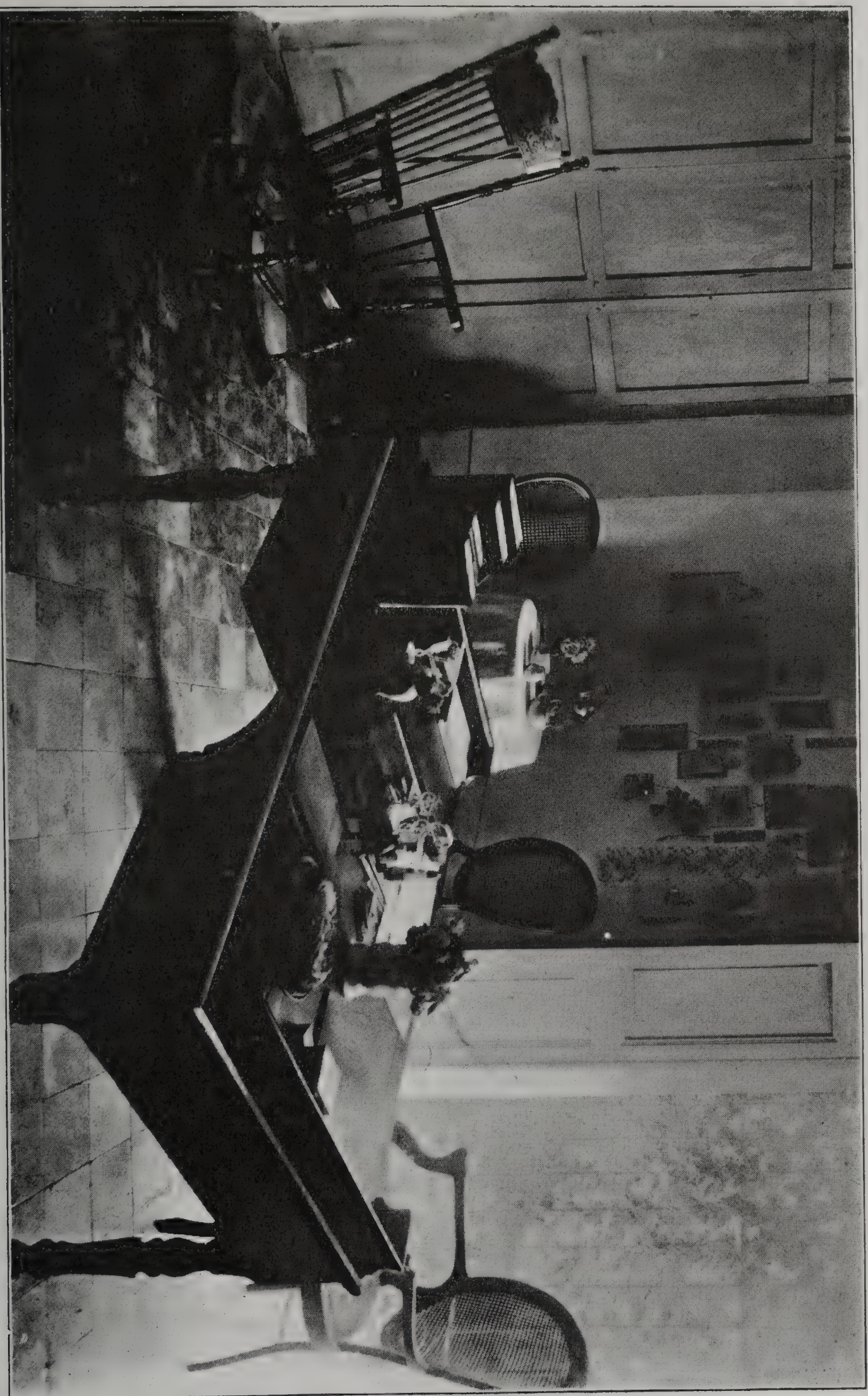
“ARTICLE 7. At the expiration of the first and second courses, the examinations will take place before a board consisting of two professors belonging to the hospital, designated by the director, and presided over by him or his delegate. Said board will make the students acquainted with the list of subjects of the examination fifteen days in advance.

“ARTICLE 9. At the expiration of the third course, the examination will take place before a board consisting of three professors of the School of Medicine and Pharmacy, appointed by the dean of the faculty. The oldest professor will preside. The degrees in this examination will be those established in the regulations of the School of Medicine and will be noted in the documents of the student, to be kept on file in the Department of Charities.

“ARTICLE 10. The examinations corresponding to the third year will take place in the capital of each province, or in those cities where a large number of students exist, on the dates fixed by the dean of the faculty of medicine, who will notify the directors of the schools and the members of the board designated by them in advance, in order that they may take the necessary measures. The expenses incurred by the members of the board shall be paid by the Department of Charities and Hospitals. The amount assigned to cover said expenses will be eight dollars gold daily and free transportation.

“ARTICLE 12. After the examination of the third course the dean of the faculty will issue a diploma to each student whose exercises have been approved, which diploma shall state that said student is admitted to the practice of the profession of nursing. Said diploma will merit all authorities, as well as from the courts, the respect and consideration





OFFICE OF M. EUGÉNIE HIBBARD  
Superintendent Training-School for Nurses, Matanzas, Cuba







due all professional titles. Without this diploma the practice of the profession of nursing is not allowed. Each school will award a silver medal to every student who obtains the diploma of nurse.

“ARTICLE 19. The students will receive as remuneration for their services eight dollars per month during the first year, twelve dollars during the second, and twenty-five dollars gold during the third. Each student will provide all her necessary uniforms. For the acquisition of these, the school will assign for each student of the first and second years thirty-six dollars yearly, which will remain in the charge of the treasurer to be spent when the superintendent may deem it convenient. Should a balance remain at the end of the year, it will be given over in cash to the nurse to whom the amount is credited. The nurses who abandon the school lose all right to their uniforms. They cannot be worn on the streets, unless when rendering service. Laundry of uniforms shall be provided for all the students at the expense of the school.

“ARTICLE 21. During the first two years the students will not render their services out of the school. During the third year they will be able to do so during a period which will not exceed three months whenever the director, in accordance with the superintendent, may deem it convenient. When the services are rendered to the sick poor, a special agreement will be made with the municipal authorities. If attendance is rendered to private individuals outside, three dollars daily and cost of transportation will be charged. This amount will be paid over to the treasurer, and after deducting a certain sum which the school may deem wise to give to the nurse as gratification, the balance remaining will be kept with the object of accumulating a fund destined to be used as a prize, which, in accordance with the Department of Charities, will be awarded to the student who may be deemed worthy of such a distinction.”

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## WAS IT WORTH WHILE?

BY MARY REYNOLDS

Graduate of the New York City Training-School for Nurses

THE scene of my remarks will be laid in a little room on the top floor of one of our large tenement-houses, situated in one of the crowded streets of our “Great East Side.” The nurse, as she picks her way past push-carts, hustling, bustling humanity, is wondering what she is going to find at her destination.

It is needless for me to say that this nurse is a “district nurse,” and while our expectations are not always high, still, it is quite natural that one always hopes for the best.



Now, having arrived at our little room, we will follow the proceedings. The room is not as bright and sunny as many of our rooms are, the furnishings are very few, and things are not very clean and inviting; but our nurse feels quite equal to all this and proceeds at once to find her patient.

The patient is found in a baby-carriage in a bundle of dirty rags. It is a little child about one year old. The poor little child is very dirty and looks sadly neglected. At the sight of the stranger it begins to cry, and one cannot help but wonder if child ever cried louder.

Its little body is hot and burning to the touch, and the nurse, after having noted the temperature, proceeds at once to get the baby bathed, not for medicinal purposes at first, but to make it the clean, white baby God intended it to be.

All the mothers and occupants of that house arrive to see this act accomplished, and never expect to see the child survive the ordeal; but when baby is finished, its little body plump and rosy, its nails nicely cleaned, and the scalp once more visible on its little head, they cannot help but exclaim, "Isn't it a pretty child!"

She then proceeds to make a clean bed. After a great deal of effort a few clean articles are produced, and the making of the little nest begins. She first takes a pillow. On this she pins a piece of oil-cloth, and over this she pins a sheet. If possible, another smaller piece of linen is folded and placed under the child's body, and baby is put into its little white nest and lightly covered, its hair is parted in the middle, and it looks so clean and comfortable.

The doctor's orders are then carried out. Nurse sees that some nourishment is given, notes are made out for future reference, both for the doctor and herself, and then, bidding the family good-by, promising to return on the morrow, she goes on her way.

Now, stop a moment and look about you. Cast your eye over the untidy room: the mother, with dirty, untidy dress, unkempt hair; three or four children in a similar condition; then look at our little baby with its clean face and clean bed. This little picture stands out like a beacon against the untidy background. But this is the first lesson in that house. We will now wait for the return of the nurse in the morning and see what occurs.

Next morning nurse arrives. All are very pleased to see her and all anxious to help. She does not find baby just as neat and tidy as she left it, but she makes no remarks. Meanwhile the mother, who the day previous was so opposed to the bath, has brought a big pan filled with warm water, soap, towel, and wash-cloth, and has washed and ironed the soiled clothes, and once more baby is made neat and clean.



While busy with baby, nurse draws mother into conversation, gains her confidence, and gives her an encouraging word.

The next day nurse arrives and finds the mother with hair combed and neatly done up, the house has been straightened, and quite an attempt has been made to make a better background for the little baby.

So as time goes by the building of the background progresses, and at the end of a few weeks' visiting the nurse finds quite a change in our little room.

The question is, "Was it worth while?" Was this little result worth the effort? I have given as an illustration one of our every-day occurrences. This is what our work consists of.

It is the old adage verified, that "from the atoms the mountain must grow," and who of us shall say that the work accomplished may not give us a man or woman of such thought and intellect that their families may grow up with better surroundings?

The thought it teaches is that in our work we have an object. We wish to aid these people by teaching them to aid themselves. We would make them feel that life is not all for gain, but that some lives are for the sake of down-trodden humanity.

To my women-readers I would say: live for your sex; strive for their uplifting; pray that the chains of jealousy, frivolity, and self-pride may be broken, and say to yourselves: "I will do something for my people. I will give of my better-self," and in so doing in time you too will conclude that "it was worth while."

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## WESTERN NORTH CAROLINA AS A HEALTH RESORT

By MARY P. LAXTON

Graduate Johns Hopkins Hospital Training-School for Nurses

PUBLIC attention was first attracted to Western North Carolina as a health resort in 1870, when the health maps accompanying the census reports of that date were marked to indicate a belt running through this section which was practically exempt from tuberculosis and almost all diseases of the throat and lungs. The desire for good health and long life is coëxtensive with the human race, so it is not surprising that health-seekers soon came in numbers to test and to prove the efficacy of the climate.

The Blue Ridge Mountains cross the western part of the State from northeast to southwest, the general elevation being almost four thousand feet. Mount Mitchell, the highest peak east of the Rocky



Mountains, stands prominent among the giants which "sentinel enchanted land."

The climate affords what a health resort should offer, the happy mean between the sharp cold of the North and the heavy, humid air of the far South, affording favorable conditions for out-door life in all seasons. The atmosphere has a "snap" and bracing quality which is very invigorating, and enables one to bear with comfort the low temperature which is experienced at times even in this "Land of the Sky." Visitors in the winter season should remember that though in the "Sunny South" they will find warm winter clothing most essential. We do not have perpetual summer, as many seem to expect. The extremes of heat and cold are felt, as in all mountainous districts, and must be provided for.

The pure air and bright sunshine suggest health, and "de diseases what's inherited through de air" (to quote from an old colored woman) have a hard struggle for existence for want of a proper medium.

Exceptionally fine fruit is grown within a large area known as the "Thermal Belt." The orchards are rarely touched by frost. Wild flowers grow in profusion; along the banks of the streams and in the mountain crevices the rhododendron hangs in rich clusters. The woods and fields are lovely with azalia, kalmia, golden-rod, and other flowers in season. During the winter and spring baskets full of galax and trailing arbutus are brought in and sold on the streets. Many boxes of these flowers are mailed daily to distant friends.

There are so many towns in Western North Carolina each offering its own inducements to strangers that it is impossible to give them in detail. Hotels and boarding-houses are numerous, and comfortable board may be obtained at almost any price, ranging from seven to twenty dollars per week.

A suite of rooms with arrangements for "light house-keeping" or a small cottage may be rented for ten dollars a month upward. The markets in the larger towns compare favorably with any city markets; in smaller places they are dependent upon the "country produce," but all fruits and vegetables may be had in season, with prices as reasonable as may be expected in any health resort.

Asheville, N. C., has been so widely advertised it needs no introduction; it is a most cosmopolitan place, and visitors find much to interest them. Trolley lines and beautiful drives have made the mountains easily accessible, and in the charming sun-parlors the fresh-air treatment may be thoroughly enjoyed. Riding, driving, and golfing are the principal amusements. There are sanatoriums for the treatment of tuberculosis with rates of from fifteen to thirty dollars per week,



private rooms in a general hospital from twelve to twenty dollars a week. In Morganton, N. C., a delightful, restful Southern town, beautifully located in the foot-hills of the Blue Ridge Mountains, an up-to-date private sanatorium has been opened for the treatment of nervous and mental diseases. The "Broad Oaks" Sanatorium, as it is called, was erected to supply a long-felt want for such an institution amid such surroundings, and under the guidance of specialists of long experience it promises to be a haven of rest for overworked and nervous people.

No resort possesses more natural advantages than Hot Springs, on the French Broad River, about twenty miles north of Asheville. The hot springs, as the name implies, are large pools bubbling up from the ground, the temperature of the water being from 98° to 102° F. The baths have almost miraculous virtue in cases of rheumatism and neuralgia. The scenery throughout this section is beyond all description; no words are adequate to convey an idea of the wild grandeur of the mountain peaks and gorges and the clear, sparkling streams. Many of these things are made the more interesting by their association with Indian legends and traditions. During the summer camping-parties explore the mountain forests, and those who are hardy enough to "rough it" derive much benefit from the out-door life and air from the pine and balsam groves.

Many inquiries are made in regard to employment and opportunities for work. As is usual in such places, most of the professions are overcrowded.

The country is not nearly developed from an industrial point of view, and its almost boundless resources, such as soil, timber, and water-power, afford great opportunities for profitable investment by capitalists whose health would be benefited by permanent residence, and these, by making such investments, would benefit others who must seek employment as well as health. Asheville is on the Southern Railway. Through sleepers leave New York City over the Pennsylvania Railroad via Washington at three-thirty P. M. and arrive at Asheville at one-thirty P. M. the following day, the cost of ticket being about twenty-five dollars. There is also direct connection from Chicago to Asheville, leaving Chicago at six A. M. and reaching Asheville about thirty-two hours later. Round-trip tickets from Chicago to Asheville, good for six months with privilege of extension, may be bought for twenty-eight dollars.





## THE NURSES' SETTLEMENT IN RICHMOND, VA.\*

BY MAMIE J. MINOR

Graduate of the Old Dominion Hospital

[The piece of work so well told by Miss Minor in the following article was thought out and the foundations laid by Miss Cabaniss, whose work in the Old Dominion Hospital of Richmond is so well known, and whose graduates testify so well, in their high ideals and active intelligence, to her character and devotion to her work. Miss Cabaniss's incentive for this work came from her knowledge of the Nurses' Settlement in New York and desire to establish something similar. Certainly the settlement begun by Miss Wald could not have a more encouraging recognition than in this old Southern city. The settlement house is ideally home-like yet simple, and the nurses have grouped around them an unusually progressive and enthusiastic number of women of leisure who are full of plans for civic improvements of all kinds. It is especially interesting to nurses to know that Miss Cabaniss's last class of pupils begun the settlement work while still in the hospital, taking their hours off and their evenings to make visits and teach mothers' classes. There are now graduates of other schools with them, and they have secured a special charter from the Legislature for the furtherance of their work.—ED.]

. . . THE Nurses' Settlement of Richmond was organized just a year ago by eight graduate nurses, who had seen the need of some definite plan of caring for the sick poor, as only those can see who have worked among them and realize how many lives are lost through ignorance—ignorance of the importance of cleanliness, of quiet, of system in the sick-room, and many other things which go towards the making up of comfort and health. In my own experience recently there have been two cases where patients were dying literally from dirt, and after they and their surroundings had been made clean and kept so they recovered. No medicines were used but soap and water, and plenty of it.

The prime object of this settlement was to establish a system of district or instructive visiting nursing here such as exists in many other cities. We fully realize that it is no easy task we have set ourselves, and that there have been, and are, many obstacles to overcome, but we wish to do it because we realize there is such need. When we started out last fall it was literally without a penny in our pockets, but we secured a house, No. 108 North Seventh Street, and by contributions from the nurses themselves and from friends the house was furnished. There were some generous money contributions also, but as little of that as possible was used, the remainder being placed in bank as a trust-fund, to be used only in furthering the work. The establishment is supported by each nurse paying room rent and her board when there and by rent-

\* Paper read before the Woman's Club of Richmond.





THREE PILLARS OF THE OLD DOMINION HOSPITAL







ing out some superfluous rooms. This enables us to meet the house-rent and general expenses, but admits of no luxuries. Therefore, rather than touch the money which we consider has been given for the work, we keep no servant, but do all our own cooking and housework, only having a woman come in twice a week for thorough cleaning in part payment of her rent. We are a year old now, have no debts so far, have earned our expenses, and have paid nearly three hundred visits to patients, employing a nurse for a time to be here to do this while the others were forced to be absent, either on account of illness in their families or in prosecuting their studies elsewhere in order to learn the methods used in other places and how best to do the work we had mapped out for ourselves.

Up to this time we have only been able to devote what leisure time there is between pay cases, for we have had to earn the money to pay our house-rent and expenses; but this sort of hap-hazard work is very unsatisfactory, and we are most anxious that some church, or combination of churches, or organization of some kind, should come forward and undertake the support of a nurse, or nurses, as the case may be, so that, her living being assured, she can devote her entire time to the calls she may receive,—going from house to house where there is sickness, doing what she can to make the patient comfortable, and teaching those who are in the house the essential points of cleanliness, hygiene, and nursing. . . . In many places an endowment or fellowship for the support of a nurse is given as a memorial to some loved one who has gone, but whose works still live.

We have now on hand a small sum, originating with a few dollars found in the purse of one of our members who died a year ago—Miss Dabney, daughter of Dr. Dabney, of the University of Virginia. Her family desired this money to be devoted as was thought best to the work she so much loved. This is slowly increasing, and we hope some day to have a sufficient amount to establish such a memorial, called by her name, and carrying on the work she had longed to do herself. . . . The settlement is open to any graduate nurse who desires to do this work. . . . The hospitals are all doing what they can to relieve suffering, and all have charity patients to a greater or less degree according to their accommodations, one being devoted entirely to free patients, but their space is limited, and it is to supplement their work, to go to the hundreds who cannot be accommodated in the hospitals, and to teach them to do what they can to help themselves, that we are striving.

Some say that the poor will resent a nurse coming to them unasked, others that it will pauperize them. We find by practical experience it does neither. It is not human nature not to be grateful for any aid in illness, especially from someone who knows what to do, and who will do



it quietly when all the household is bewildered. Then we teach our people to do the necessary things themselves, such as giving a bath, changing the linen, the absolute necessity for cleanliness and sunlight and disinfection, and how to carry out the doctor's orders intelligently and with some degree of system.

Last year a class was held on Oregon Hill to teach the women just such practical things. About forty attended, and great interest and aptitude were shown. I have been told it was really wonderful, in some instances, to see the improvements made in ventilation, etc., in their homes, and in some instances lives were saved by their putting into prompt practice what had been taught them. This year we propose having these classes in various parts of the city, one having been organized already on Church Hill, another on Oregon Hill, and yet another in the neighborhood of the Old Market.

We wish to establish a "loan closet" in connection with our work, which should be well supplied with bed and body linen, and all the paraphernalia to be used about a patient. These articles are to be distributed by the nurses where they are most needed, used as long as necessary, and then returned to the nurses, who carefully disinfect them and make them ready for the next case, in this way multiplying the usefulness of each article ten-fold.

We are also desirous of organizing cooking-classes for girls and women, and clubs for working boys and girls, to civilize and amuse them in the evenings, when otherwise they might be on the streets. Through the kind interest displayed by several of the graduate nurses of the various hospitals in the city in volunteering their services in their leisure time we are in a better position to extend this work than we had hoped.

But to accomplish all this requires both time and money, for nurses are not in a position to give themselves exclusively to this work without compensation, as they have to earn their daily bread. Therefore we make this appeal for your interest and sympathy, hoping for your most intelligent and helpful coöperation, and feeling sure that if you will unite with us much good will be accomplished.





## LEAVES FROM THE NOTE-BOOK OF A BELLEVUE NURSE

### LECTURE V.—(Continued)

(Continued from page 927)

**BILE.**—The bile, which also forms part of the intestinal juices, is partly an excretion. It is golden-brown in color, alkaline, and viscid. It is secreted by the liver-cells continuously and stored up in the gall-bladder, and during digestion is poured out into the upper part of the small intestine. Its action is chiefly in aiding the emulsification of fats; antiseptic, preventing putrefaction in intestines, and stimulating peristalsis. The part of the bile that is an excretion contains an excrementitious substance, cholesterin. It is found most abundantly in nerve tissue and in the brain, and is effete matter resulting from the normal action and wear of the tissues. It is, of course, taken up by the blood and lymphatics, carried to the liver, and there excreted in the bile, by which it is carried to the intestines and discharged from the body in a modified form.

### DIGESTION.

**INTESTINAL DIGESTION.**—When the chyme begins to pass from the pyloric end of the stomach, the upper portion of the small intestine begins a peristaltic motion and intestinal digestion begins. The food thus passes quickly from a digestive fluid that is acid in reaction to one that is alkaline. The serous coat of the intestines secretes a lubricating fluid that facilitates the peristaltic contraction of the muscular coat, and the mucous membrane secretes part of the intestinal juice and mucus and contains glands, villi, lymphatics, and blood-vessels, by which the digested food is absorbed. At about the middle of the duodenum, which is the uppermost part of the small intestine, the common bile-duct and the pancreatic duct enter and pour into the intestines, the one the bile from the liver and the other the pancreatic juice from the pancreas. Intestinal digestion proper begins when the chyme enters the small intestine, where it becomes mixed with the intestinal juice.

The pancreatic juice is composed of water, organic substances, proteids, inorganic salts, and is alkaline in reaction. The three enzymes, or organic substances in the pancreatic juice, are the most important constituents, and are (1) the proteolytic enzyme, trypsin, (2) amyllopsin enzyme, (3) the fat-splitting or emulsifying enzyme, steapsin. The trypsin acts on the proteids and albuminoids, carrying them through the same stages of digestion as the gastric juice. The amyllopsin acts upon



the starches in exactly the same manner as the saliva does, converting them first into dextrose, then into maltose, and as such they are absorbed. The steapsin acts entirely upon the fats as a splitting agent by adding water to them (hydrolysis); this liberates the fatty acid and glycerine; then these acids combine with the alkaline salts in the intestines and form soap, which in turn aids and hastens the emulsification of the fats. Fats are absorbed into the general system in the form of an emulsion.

The biliary secretion is a yellow liquid which is strongly alkaline, due to the sodium salts that it contains. Upon the proteids and fats it has no direct action, but the sodium salts join with the fatty acids, forming soap, and thereby indirectly aid in the digestion of fats. Upon the carbohydrates the intestinal juice has an important action, aiding the amylopsin of the pancreatic juice in changing sugar into dextrin. The secretion of the large intestine consists principally of mucus, is alkaline, and has no digestive qualities at all. The mucous membrane of the large as well as the small intestine acts as an absorbing medium of the digested food, water, etc. In the case of nutritive enemata thrown into the large intestine, unless they are pre-digested artificially, they will not be readily absorbed.

**THE ACTION OF BACTERIA OF THE GASTRO-INTESTINAL TRACT.**—Normally this tract contains many different kinds of bacteria, some acting to cause putrefaction of proteids, and others acting to cause fermentation of the carbohydrates. Normally in the stomach the acid prevents completely the action of these bacteria on the proteids and greatly diminishes it upon the carbohydrates. In the intestines all of the normal secretions are alkaline. Pathologically these bacteria act and produce all kinds of stomach and intestinal trouble, such as fermentative dyspepsia, summer complaint of children, and many other irritating troubles.

Before going further into the subject of digestion, I think it proper to say a few words concerning enzymes, which are the main factors in this process. An enzyme is an unformed or unorganized ferment named thus to distinguish it from the organized living ferments, such as bacteria and the yeast plant. Its exact chemical composition is not exactly known, but all the enzymes contain nitrogen and are very soluble in water and glycerin; and it is in solution in these fluids that we obtain them from the glands that manufacture them. They are classified according to the reaction that they produce, viz.: proteolytic, those acting on proteid foods, changing them into peptones, e. g., pepsin and trypsin; amylopytic, those acting on carbohydrates or starchy foods, converting them into sugar, e. g., ptyalin and amylopsin. There is



another kind of enzyme with a kindred action, invertin, which changes what are known as double sugars into single sugars. Fat-splitting enzymes are those which have the power of splitting up the fat globules. Steapsin of the pancreatic juice is an example. Coagulating enzymes are those which act on the soluble proteids, converting them into insoluble ones, e. g., thrombin formed in shed blood and rennin of the gastric juice. Temperature of 160 to 175° F. destroys the action of enzymes. The enzymes all act alike,—that is, in some way they cause the molecule of the substance acted on to take up water, thus splitting and disassociating it, forming simpler substances.

#### ABSORPTION.

Food products which have been digested are absorbed by one of two routes, viz., they pass directly into the intestinal lymphatics known as lacteals, or they may be absorbed by the process of osmosis. Exosmosis is when the flow tends to go out, and endosmosis is when the flow is towards the inside. Albumins dialyze very slightly. In the alimentary tract we have, then, mucous membrane as the dialyzing membrane, with the blood and lymph on the one side of it and the digested food on the other. The fact that the blood is quickly flowing hastens endosmosis, as it prevents the establishment of equilibrium.

ABSORPTION BY THE STOMACH.—Water is practically not absorbed at all; salt, unless in three per cent. solution, very slightly; alcohol, very readily; sugars and proteids, when concentration has reached five per cent., slightly; fats, not at all.

ABSORPTION IN SMALL INTESTINE.—Sugars, peptones, proteose, and fats, as well as water and salts, are principally absorbed here. The absorption of these substances may be explained by osmosis, but it is to a great extent accomplished by some power possessed by the living cell, by which the digested substances are taken up and then transferred to the blood or the lymph. There is considerable absorption accomplished in the large intestine in the same manner, and all or very near all that is not absorbed here is destroyed by the bacteria.

As we have spoken of food stuffs, we will now say a few words about the absorption of these substances into the circulating fluids of the body and their final assimilation by the living cell. The proteids, after having been digested or changed into proteoses, are absorbed directly into the blood by a process, the exact character of which is not known, of the living epithelial cell lining the gastro-intestinal tract. This absorption takes place largely in the small intestine, and but slightly in the stomach and large intestine. Carbohydrates are absorbed in the same manner by the blood-vessels of the small intestine. Water and salts principally



by the blood-vessels, but partly by the lymphatics of the intestines, and slightly by the stomach and large intestine. Fats are absorbed by the lymphatics of the small intestine entirely. The proteids and carbohydrates are taken into the blood of the portal vein, carried to the liver, and there acted upon again by an enzyme and converted into glycogen. The fat does not go to the liver directly, but is taken by the lymphatics to the thoracic duct, and from this duct it is emptied into the general circulation at the junction of the left subclavian and internal jugular veins.

#### LIVER.

The liver is the largest glandular organ in the body, weighing from three to eight pounds, and lying for the most part in the right hypochondriac region, but extending to the left of the median line. The liver is composed of many little cells, which are in irregular clusters the size of a mustard-seed and form the liver lobules. Each lobule is supplied by blood coming in part from the portal vein and in part from the hepatic artery. The one comes from the digestive tract loaded with the digested food, and the other loaded with pure arterial blood from the left ventricle. Each lobule in addition gives rise to the bile-vessels or capillaries, which take up the bile formed by the cells and carry it to the gall-bladder. Thus we find that the physiological function of the liver resolves itself into two parts, (1) the production of the bile, and (2) the metabolic changes produced in the mixed blood of the portal vein and hepatic artery as it flows through the lobule and bathes the liver-cells. Here we have to deal principally with the formation of urea and glycogen.

#### BILE.

A liquid in varying color from a yellowish brown to sometimes a greenish tint. The yellow is due to the coloring matter, bilirubin, found mostly in carnivorous animals, and the green tint is due to biliverdin, found in herbivorous animals. These are for the most part excreta.

The bile is alkaline and contains two acids, viz., glycocholic and taurocholic, which exist in combination with soda, as a glycocholate or taurocholate of soda, and not as free acid. It likewise contains cholesterin, a non-nitrogenous substance, not formed by the liver-cells, but eliminated from the blood by them and excreted into the intestinal tract. Lecithin, another ingredient of the bile, is probably a waste product originating in nerve-tissue change. The physiological function of the bile is twofold, viz., (1) as an excretion, in eliminating bilirubin and biliverdin, lecithin, cholesterin, and bile acids; (2) as a secretion, by which function it aids in splitting up and emulsifying fats, in pre-



venting to a certain extent the putrefaction, indirectly, of proteids, and in neutralizing and rendering alkaline, with the other intestinal juices, the acid chyme coming from the stomach, and thereby aiding digestion. The secretion of the bile is constant, but the flow into the intestinal tract is intermittent, being stored up in the gall-bladder between times of digestion.

The second function of the liver is that of the formation of urea and glycogen. As to formation of the urea by the liver we will say little, except that it has been proven that after the stages of metabolism have been gone through with, urea is formed from the proteid substances taken in the food. It has also been proven that urea is formed in the liver, and that the blood takes it up from the liver and carries it to the kidneys, where it is excreted in the urine.

We have seen that the carbohydrates when absorbed as dextrose are carried by the blood of the portal vein to the liver, where the dextrose is converted by the liver-cells into glycogen, which is a substance having the same chemical composition as the starches and is called animal starch. The glycogen is stored up in the liver-cell to await the necessities of the system. It is likewise found to be produced and stored to a great extent in muscular tissue, and, in fact, to a certain extent in many other tissues. The fact has also been discovered that when there is an excess of animal heat formed either pathologically or by muscular exercise, the stored-up supply of glycogen, muscle, etc., is quickly exhausted, unless carbohydrates are taken in the food. This proves that carbohydrates are taken into the body to produce animal heat, being converted first into glycogen by the liver-cells, then, strange to say, again into dextrose, and as such are taken up by the living cell and oxydized, thus forming animal heat, carbonic acid gas, and water. The carbonic acid gas is thrown off by the lungs and skin, and the water by the kidneys and bronchial tubes and sweat-glands. Thus we have seen the start and finish of the food stuff through the system. The fats are either utilized to form animal heat and muscular energy, forming carbonic acid gas and water, or are stored up in the body and utilized when there is an over-demand. When the peptones reach the liver-cells through the portal vein there is probably an action on them by the cells, and this action in a way converts them into simpler forms of substances, so that they may be more readily utilized by the tissues.

(The end.)





## BOOK REVIEWS



DEMOCRACY AND SOCIAL ETHICS. By Jane Addams, Hull-House, Chicago. The MacMillan Company.

A distinguished professor in one of our large universities is said to have once exclaimed, "Over forty million women in the United States, and only one Jane Addams!" And another of equal distinction has pronounced "Democracy and Social Ethics" the best book ever written by a woman.

Not to know Miss Addams is to have missed one of the rare privileges of a lifetime, and not to be acquainted with her writings, her ideas, and her work is a form of ignorance that leaves the ignorant one entirely out of touch with the most inspiring and most "worth while" of those elements which make up modern life. It is like not understanding the language which those around one are speaking.

It is not because her first principles are new that Miss Addams speaks a new language, for her themes are of justice and brotherly lovingness and simple, natural living, but all that she says is new because her insight is so wonderful, her truth so absolute, and her practical grasp of every-day conditions of life so complete. Add to this that she is a social experimenter, a social discoverer, as men of mighty brains have been discoverers in science, and one may realize why all she says seems never to have been said before.

No one should fail to read this book, the collection of the talks and lectures which she has from time to time given.

Yet it is probably true that many, reading without previous knowledge, will not get her point of view,—will not understand always what she means. Conventional cut-and-dried minds will never understand her, and shallow ones will need deep ploughing before the new ideas can enter. Even those that gladly respond to her teachings will need to go through experiments of their own before they can get the full conception of the things for which her words are the symbols.

Let us quote from the "Introduction" some lines which sound the keynote of her thought and teaching:

"It is well to remind ourselves, from time to time, that 'ethics' is but another word for 'righteousness,' that for which many men and women of every generation have hungered and thirsted, and without which life becomes meaningless."

"To attain individual morality in an age demanding social morality; to pride one's self on the results of personal effort when the time demands social adjustment, is utterly to fail to apprehend the situation."

"We are learning that a standard of social ethics is not attained by traveling a sequestered byway, but by mixing on the thronged and common road where all must turn out for one another, and at least see the size of one another's burdens. To follow the path of social morality results perforce in the temper if not the practice of the democratic spirit, for it implies that diversified human experience and resultant sympathy which are the foundation and guarantee of democracy."



"We know, at last, that we can only discover truth by a rational and democratic interest in life, and to give truth complete social expression is the endeavor upon which we are entering. Thus the identification with the common lot which is the essential idea of democracy becomes the source and expression of social ethics."

TRANSACTIONS OF THE THIRD INTERNATIONAL CONGRESS OF NURSES. Press of J. B. Savage, Cleveland. \$1.25.

This volume, containing all the papers and discussions of the Buffalo Congress, with the reports on the status of nursing in different countries sent to the International Council of Nurses, is of great interest and value. It contains the latest word on nursing questions and gives a full, complete picture of the present status of the nursing profession. Many of the ablest and best-known nurses in all parts of the world have contributed to its pages, and it contains a great deal of information not to be found in any other available form. As a book of reference it is invaluable, and ought to be found in every hospital and training-school library; as nursing history it might well be used in third-year club and study work or in the reading-courses of alumnae societies. Orders for the book should be sent to Miss Banfield, Polyclinic Hospital, Philadelphia.—D.

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#### BOOKS TO BE READ TO PATIENTS

##### "GARDEN OF A COMMUTER'S WIFE."

The day of the animal and the garden is surely with us, and garden-books have been multiplied until every garden in the land would seem to have had its own especial story written. Yet here is one more, "The Garden of a Commuter's Wife," by—but it's published anonymously, so it may not be fair to make too close a guess, even though the style is unmistakable to anyone who knows the previous work by the same pen. Somehow, with all the charm that *any* garden holds, we can't help wishing that the "commuter's wife" herself might have been a little less perfect—that she might have had at least one "redeeming vice."

As to animals, "OUR DEVOTED FRIEND, THE DOG," would be a fascinating book for children, whose attention often will not follow a long story, for this is made up of short tales and newspaper clippings. Stories about the devotion, intelligence, faithfulness, and wisdom make up the greater part of the book, followed by more serious chapters on the care of dogs and laws regarding them.

"THE FIRESIDE SPHINX," by Agnes Repplier, is devoted to the cat, and is greatly superior to the dog-book from the literary point of view. Some of the chapters are: "The Cats of Antiquity," "The Cat of To-Day," "The Cat Triumphant," and even though one's affections may be firmly attached to one's own dog, there's an immense amount of interest in these pages. We can't be far wrong in the guess that they were written while a cat of Miss Repplier's own lay curled not too far from her ink-stand.

"COMEDIES AND ERRORS," by Henry Harland, is a collection of short stories by the author of the "Cardinal's Snuff-Box." Like that, many of these have their setting in the Italian life he so perfectly understands and so vividly renders. It is an earlier work, and some of the "Comedies" fall short of his more famous book, but through them here and there, in the drawing of a woman's charm, the conversational cleverness which leaves much unsaid, the jewel-like Italian landscape, are suggestions of the fascination of the "Snuff-Box."—L. D. D.



# NOTES FROM THE MEDICAL PRESS

IN CHARGE OF  
ELIZABETH ROBINSON SCOVIL



## THE EFFICIENCY OF RECENT VACCINATION

BY WILLIAM M. WELCH, M.D.

Physician in charge of the Municipal Hospital for Contagious and Infectious Diseases, Philadelphia

[Reprinted from *American Medicine*]

WHILE it is true that the question of the protective power of vaccination is mainly determined by statistics, yet an intelligent person does not have to spend a very long time in the wards of a smallpox hospital until he is quite able to settle this question in his own mind without the aid of figures. The nurses, and even most of the patients themselves, become convinced of the protective power of vaccination long before they know anything about the figures that express the mortality rates of the vaccinated and the unvaccinated patients. The much larger proportion of deaths among the latter, the greater amount of suffering endured by them, the more tedious and critical convalescence when the acute stage is survived, and the more terrible physical deformities that follow, are facts too evident to pass unnoticed, even by an inexperienced observer. Indeed, there is a great deal of strong and convincing evidence of vaccinal efficacy brought to light in a large hospital that cannot very well be expressed in statistics. As the saying goes, "seeing is believing," and so an unvaccinated patient does not have to occupy a bed in a ward for any great length of time before he is convinced of the sin of omission and realizes that he is paying the penalty. Frequently so strong is this conviction that the patients desire to have messages sent to their relatives and friends urging them to get vaccinated. On one occasion a kind-hearted man, only a few hours before he was in the grip of death, dictated a letter to his brother imploring him with all the fervor and eloquence he could command to seek the benefits of vaccination at once.

During the recent epidemic of smallpox in Philadelphia the admissions to the hospital comprised about an equal number of vaccinated and unvaccinated patients. The latter were made up mainly of young children and adults in the prime of life; the proportion of children under ten years being quite large. The vaccinated patients were almost wholly adults who had been vaccinated in infancy or early childhood. No vaccinated child under five years was admitted, and but few, if any, under ten; excepting, of course, those that were vaccinated after infection by smallpox. In this connection I would say that a colored boy about ten years old, who was said to have been vaccinated four years previously and showed a good scar, was admitted with a single variolous vesicle. Also, I would mention that a white boy, about twelve years old, who was said to have been vaccinated five years previously and showed a good scar, was admitted with not more than two dozen variolous vesicles, which dried up and disappeared quickly. With these two exceptions I do not recall the admission of any patient who had been successfully vaccinated as recently as ten years. Such evidence



of the efficacy of recent vaccination is common in my experience, and it must be equally so, I am sure, in the experience of others who have had much to do with smallpox.

I have just said that about one-half of the patients admitted to the hospital were adults who had been vaccinated in infancy or early childhood. This shows that vaccination, especially when performed at an early period of life, cannot be depended upon to confer permanent immunity from smallpox. It is true, however, that some persons are permanently immunized by an infantile vaccination; but in the vast majority of persons the protection either diminishes or is lost entirely through lapse of time. Of course, the immunity may be renewed by revaccination. It is in this way that physicians and attendants of smallpox hospitals are safe-guarded.

The efficacy of recent vaccination was demonstrated very conclusively by Jenner in his early work. His first subject, James Phipps, was vaccinated May 14, 1796, and, when the vaccinia had fully completed its course, Jenner says: "In order to ascertain whether the boy, after feeling so slight an affection of the system from the cow-pox virus, was secure from the contagion of the smallpox, he was inoculated the first of July following with variolous matter immediately taken from a pustule. Several slight punctures and incisions were made on both his arms and the matter was carefully inserted, but no disease followed." . . . "Several months afterwards he was again inoculated with variolous matter, but no sensible effect was produced on the constitution." Furthermore, Jenner says that all of his early vaccinations were subjected to the same crucial test with like negative results. This shows how effectually he demonstrated the efficacy of his discovery before publishing it to the world. Quoting his own words: "I placed it on a rock, where I knew it would be immovable, before I invited the public to look at it."

While conducting his investigations Jenner inoculated with smallpox virus a number of persons who had been accidentally infected with cow-pox many years previously; in one instance the interval was as long as fifty-three years. None of these persons took smallpox, although some were freely exposed to the contagion, as well as subjected to the test of variolous inoculation. He selected these cases, he says, "to show that the change produced in the constitution (by cow-pox) is not affected by time." So convinced was he that such was the case that he made use in his first paper of this very positive language: "But what renders the cow-pox virus so extremely singular is that the person who has been thus affected is forever after secure from the infection of the smallpox; neither exposure to the variolous effluvia, nor the insertion of the matter into the skin, producing this distemper." But as time elapsed, thus giving Jenner greater opportunities for observation, he was forced to admit that the immunity conferred by vaccination was not invariably permanent, and so he modified somewhat his former statement, saying: "Duly and efficiently performed, it will protect the constitution from subsequent attacks of smallpox as much as that disease itself will. I never expected that it would do more, and it will not, I believe, do less." Of course, we all know that second attacks of smallpox occur sometimes; but the statistic data of a century show us what it was impossible for Jenner to know, that smallpox after vaccination is far more common than are second attacks of the disease. Fortunately, revaccination will supply this loss of protection.

The history of the introduction of vaccination into this country is interesting as showing how completely its prophylactic power withstood the same severe



test that was applied by Jenner. Waterhouse, of Boston, was the first person in this country who received vaccine virus in an active state from England, and with it he immediately vaccinated the members of his own family. About two months after his children had been successfully vaccinated he had them admitted into the smallpox hospital at Brookline for the purpose of testing their immunity. Finding they did not take the disease from exposure to the contagium, he had them inoculated with fresh matter taken from a patient. As they resisted the disease from this source also, Waterhouse, being fully convinced of the efficacy of vaccination, remarked, "One fact in such cases is worth a thousand arguments."

During the early days of vaccination a difference of opinion arose among the physicians of a certain town in the State of Vermont in regard to the advisability of adopting vaccination in lieu of smallpox inoculation, which was then generally practised. A town-meeting was called to consider the question, and it was decided to appoint a committee to investigate the protective power of this new disease. Certain experiments were deemed necessary, and with this object in view the committee assembled at the smallpox hospital. The first experiment consisted of selecting seventy-five persons among those who had been recently vaccinated and inoculating them with warm smallpox virus immediately taken from a patient suffering from that disease. The result was that not one of the number took smallpox. But strange to say the committee, as a whole, was not yet fully convinced that the protection was due to vaccination. With the object of settling the question to the satisfaction of every member of the committee it was decided that the experiment should be made of allowing a recently vaccinated infant to take its daily supply of nourishment from its mother's breast while she was suffering from smallpox. Without much difficulty a woman was found who was heroic enough to offer herself and her child for the experiment. The infant was first vaccinated, and forty-eight hours afterwards the mother was inoculated with smallpox virus. The vaccine disease progressed in the usual manner in the child, and so did the variolous disease in the mother, while nursing was allowed to continue without interruption. On the mother there were a considerable number of variolous pustules, some of which being near the nipple were kept raw by the lips of the infant while sucking. And yet we are told, "the child appeared as well throughout the whole process as if it had been nursed by a person not suffering from smallpox." After this evidence of vaccinal efficacy had been witnessed the committee asked for no further proof. I might add that I have more than once seen vaccinated infants continue free from smallpox under similar conditions.

As already stated, the efficacy of recent vaccination has been proved over and over again by the experience of every large hospital for the care of smallpox patients. In the hospitals of London, from 1876-79, there were admitted eleven thousand four hundred and twelve smallpox patients who had been vaccinated in infancy, but not a single case was known to have occurred in a person who had been successfully revaccinated. It was the rule to revaccinate all nurses and employes before entering the hospital, and the number thus employed amounted to about one thousand; of these only some half dozen took smallpox, and they, for some cause or other, had escaped revaccination. Dr. Marson, physician to the Smallpox Hospital, of London, for many years, says: "In thirty-five years I have never had a nurse or servant with smallpox; I revaccinate them when they come there." Dr. Collie, whose experience is also large, says: "During the epidemic of 1871, out of one hundred and ten smallpox



attendants at Homerton all but two were revaccinated, and these two took small-pox."

At a meeting of the German Vaccination Commission (1884) Dr. Eulenburg related "that a manufacturer in Posen had all his workmen vaccinated except one, who refused. This man alone of the one hundred and fifty took small-pox shortly afterwards and died." Many similar instances have been observed by others and might be referred to without much trouble.

My main object in presenting this paper is to call attention to some facts showing the protective power of vaccination, especially recent vaccination, that have come to my notice during the recent epidemic of smallpox in Philadelphia. I might add that these facts are not new; but it is hoped that cumulative evidence of this kind may serve a useful purpose.

It seems to me that it would be impossible to convey a better idea of the value of vaccination than to tell you that no person who had been recently successfully vaccinated was admitted to the hospital with smallpox. Since the outbreak of the disease in the city, which occurred last fall, every physician has been very busy in the work of vaccination, and as a result of their combined labor it is fair to assume that at least five hundred thousand persons have been vaccinated. If vaccination confers no protection against smallpox, is it not reasonable to suppose that some of these persons would have contracted the disease and been brought to the hospital? But no such patient can be found among the admissions, which number nearly two thousand. Fortunately, we do not have to rely upon such negative evidence, as strong as it is, to prove the efficacy of recent vaccination. Opportunities which enable us to determine its prophylactic value frequently occur in the hospital. If time permitted I could give many examples, but I shall present only a few. A child of one year who had been successfully vaccinated about ten days before admission was sent to the hospital with roseola vaccinosa, which had been diagnosed as variola. The child remained in the smallpox ward about three weeks and continued perfectly well. Another child, of nine years, with exactly the same history, returned home perfectly well after a constant exposure of over three weeks. An unvaccinated colored child, about two years old, was brought into the hospital with a sister who was suffering from smallpox. Immediately after admission vaccination was performed, and although the child was constantly exposed to the infection for three weeks he did not take the disease. Several other children and also some adults, who were sent to the hospital under erroneous diagnoses, were vaccinated for the first time after admission and were thereby rendered absolutely immune.

In every epidemic of smallpox that has occurred in Philadelphia within the past thirty years, instances have been observed of whole families being removed to the hospital because of an outbreak of the disease in these families. In such instances the unvaccinated children have suffered and often perished, while those who were vaccinated remained perfectly exempt, although living, eating, and sleeping in the infected atmosphere for several weeks. But I have yet to see a single unvaccinated child escape the disease under similar conditions of exposure. Furthermore, I have more than once seen a vaccinated infant take its daily supply of nourishment from the breast of its mother who was suffering from varioloid and the infant continue as free from smallpox as if the disease were one hundred miles away and the food derived from the most wholesome source. This is evidence of the prophylactic power of vaccination that does not appear in mortality reports nor in statistic records.

Not many weeks since, a pregnant woman nearly at term was admitted with



varioid. In the course of the disease labor occurred, and a male child weighing eight and one-half pounds was born. About five hours after its birth the infant was vaccinated, two insertions being made. Again, two days subsequently, two more insertions were made. Four large vaccine vesicles developed, causing a very sore arm, but did not give rise to any considerable elevation of temperature nor to any apparent disturbance of the health of the infant. After remaining in the hospital thirty-two days and proving its newly acquired immunity to smallpox in a most indubitable manner, the infant was taken home by its mother, who had made a good recovery without any untoward symptoms. At the request of the mother the child was fed from the bottle.

In the early fall of last year smallpox broke out in a certain family, and the entire household, including father, mother, and six children, were admitted to the hospital. The parents were vaccinated in infancy, but as the protection had become somewhat diminished through the lapse of time, they both suffered from a mild attack of varioid. Their four youngest children were unvaccinated and they all had unmodified smallpox. Two children had arrived at the school age, one four years and the other two years ago, but before they could be admitted to school vaccination was necessary. Each child showed a good scar. These children remained in the hospital three or four weeks, being in daily contact with the worst cases of smallpox, and at the end of that time returned to their home without having shown any symptoms whatever of the disease. The father, like an honest man, said, "I never believed in vaccination before, but am now convinced of its efficacy, and when I return home I shall preach it to my friends." I might add that this man is not the only anti-vaccinationist who has left the hospital fully converted. This institution would be indeed a dangerous place for the president of the Anti-Vaccination League to visit if he did not wish to lose his office.

In the early part of this year a colored child, aged three, was sent to the hospital with a few small pimples of no very definite character. Smallpox was suspected, as that disease had broken out in the family. The child had been successfully vaccinated about four months before. After constant exposure for sixteen days, immunity being clearly demonstrated, the child was allowed to go home.

About the same time three white children were brought to the hospital with their mother, who had smallpox. They were not ill, but were sent in because they had already been exposed, and also because there was no one left at home to care for them. These children were, respectively, seven, five, and four years old. Each had been vaccinated exactly three years and seven months before, and each showed a good scar. Immunity to smallpox was proved by their residing in the hospital for three weeks free from the disease.

J. B., aged twenty-nine, married, and the father of three children, was admitted March 27, with varioid. On April 5, the wife of this man was also admitted with varioid, bringing with her the three children, as there was no one left at home to care for them. One child, five years old, had been vaccinated six months previously and showed a good scar. The other two children, one three years and the other ten months, were vaccinated March 30, and each presented two vaccine vesicles that were developing perfectly. These three children remained in the hospital seventeen days under constant exposure without taking smallpox.

Similar evidence of the prophylactic power of vaccination has come to my notice repeatedly, both inside and outside the hospital. Very frequently, indeed,



have I been told by patients that their older children who had to be vaccinated before they could get into school were left at home perfectly free from smallpox, while the younger ones, being unprotected, were brought in with the disease. Oh, how often have I seen parents, after losing a loved one, grievously mourn and refuse to be comforted because of the consciousness of having neglected a most important duty! I have often wished that the ghost of these innocent and helpless children could return to haunt the anti-vaccinationists, who are largely responsible for this neglect of duty.

In order to provide accommodation for the unusually large number of cases of smallpox, and this number rapidly increasing, it was necessary to erect additional buildings as well as enlarge those already in use. On this work from fifty to sixty men were employed, and as they were required to come constantly into close proximity to the patients they were all requested to come to the administration building and get vaccinated. This request was complied with by all except two, and these two took smallpox. I would emphasize the fact that they were the only ones that were stricken by the disease. One, I understand, was a Christian Scientist, and he trusted to this delusion for his protection. Poor fellow! it did not even save his life, as he fell a ready victim to a disease that respects nothing but vaccination.

Later it was found necessary to enlarge still further some of these buildings, and other workmen were engaged. Two of these, for some reason which I never learned, neglected to get vaccinated before commencing the work, and they both took smallpox.

For the last three years the medical schools of Philadelphia have had the privilege of sending their more advanced students to the Municipal Hospital for clinical instruction in the various contagious and infectious diseases therein treated. During the past winter one hundred and seventy students received such instruction, not only in the diphtheria and scarlet-fever wards, but also in the smallpox wards when there were about three hundred cases of that disease on hand. One of the requirements was that each student must show evidence of protection, either by having been recently successfully vaccinated or by not responding to vaccination after two or three careful trials. It gives me great pleasure to state that not one of these students contracted smallpox.

Since the present epidemic began, about one hundred and twenty-five persons including physicians, nurses, ward maids, cooks, laundresses, and the like, have been continuously exposed to smallpox in the hospital, and not one has fallen with the disease. I should perhaps mention the case of an employé who worked in the disinfecting plant which is located on the grounds. It was his business to handle infected clothing and bedding. He soon became dissatisfied with this work and removed to the interior of the State. When he had been there but a few days, I am informed, he took small-pox. This man had been vaccinated in infancy, but declined to be revaccinated.

All those employed in the smallpox pavilion, except two or three who had the disease at an early period of life, owe their immunity to vaccination. Previously to assigning them to duty each person is carefully vaccinated, even though the vaccination of infancy and a subsequent revaccination may show evidence of having been successful. With this care I have never seen a resident physician or nurse take smallpox. I do not hesitate to say that after a recent successful vaccination an individual can dwell in an atmosphere surcharged with the most virulent variolous poison, and live and breathe and eat and sleep there in safety.



As the three Hebrew children of old, under proper protection, walked up and down in the fiery furnace and came forth without a single hair of their heads being singed, or even the smell of fire on their garments, so nurses and others when recently vaccinated need have no fear for that malady which might be likened to "the pestilence that walked in darkness, nor for the destruction that wasteth at noonday." Such absolute protection under conditions of extreme exposure is what has happened in every epidemic of smallpox since Jenner taught us how to control the pestilence, and is happening to-day in the wards of every well-conducted hospital. What vaccination does for these persons that dwell in the midst of danger it will do for anyone that is brought properly under its influence.



THE paper on "Women in Germany," read by Fräulein Antoine Stolle at the National Suffrage Convention in February last, is of intense interest and, though depressing in the extreme to those who believe in the equality of women, it is not discouraging, for, as Fräulein Stolle says, "however long and weary the road may seem that leads German women to economic, intellectual, and legal equality with men, they are fully determined neither to pause nor to halt until they have reached the goal of freedom." Yet when one reads over her statements of existing conditions in every degree and rank of society,—the status of domestic service, of factory work, of education, of the higher professional lines of work, and no less of domestic relations, the status of the daughter, wife, and mother,—one's heart aches for the long and weary way they still have to go.

Fräulein Stolle says, "Willingly or unwillingly, it is admitted that economic and social conditions force a continually increasing number of German women to earn their own living," and "even in tenaciously conservative circles it is recognized that women in their battle for existence can no longer be denied their only weapon—a thorough, universal, and professional education."

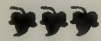
Thank heaven, we say, for the exigencies of work, since they can compel the opening of doors which the brilliant and learned Professor Münsterberg, whose articles on American women and their education have been so widely read, would fain keep closed. On this point of necessary self-support Professor Münsterberg has only this weak remark to make: "It is true that in Germany a million women are compelled to remain unmarried;—however, no woman, of course, wishes to be among that million."

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THE visit of Prince Henry to Boston brought out the story of an old lady of great nursing renown, lately living in Boston and recently deceased. She was born in Massachusetts some eighty-odd years ago, the daughter of a physician, and worked as a surgical nurse during the four years of the Civil War at her own expense: after this she held a position as nurse in the Massachusetts General Hospital (this was, of course, before the day of training-schools). Having married a German nobleman, who died early, she was moved to offer her services to her husband's people in the Franco-Prussian War, and for her great bravery and conspicuous services during this war she received the Order of the Iron Cross from the Emperor William, a high honor, which only one other American woman, Miss Clara Barton, has ever received.



# HOSPITAL AND TRAINING-SCHOOL ITEMS



## HOSPITALS

THE *Literary Digest* has translated and published part of an article written by Dr. E. Marandon de Montyel, medical director of the Asylum of Ville Evrard, in the *Revue Philanthropique*, Paris, February 10, describing the open-door treatment of the insane, from which we quote the following:

"The new treatment is the exact opposite of the old. The closed asylums are replaced by buildings with open doors, without walls, exterior or interior, or covered galleries, and arranged in the form of a village, where the harmless patients, constituting sixty or seventy per cent., may circulate freely, while the thirty or forty per cent. of dangerous ones are kept in villas closed only with ordinary locks and a neat grating. But it is not only the establishment that the open door transforms; its effect is seen especially in the treatment, which continues as much as possible the ordinary life of the patient. The visits of friends and relatives are encouraged; they may take their meals with the inmates in a room which resembles a restaurant, may walk with them, and during the course of the treatment may take them home for days. During convalescence these home visits may last for months. There is absolute liberty in writing and an abolition of all punishment except restriction of liberty, which is the only means used to preserve order."

It is stated by Dr. Montyel that under this method escapes are less frequent than under that of the closed door. He goes on to say:

"If facts do not prove the error of incarcerating insane patients, a little reflection might do it. Every lunatic is at bottom a melancholiac; the gayest of them is seeking to drown his melancholy and weeps oftener than he laughs. Must it not increase his melancholy, convincing one patient that he is a knave and another that he is a victim, to confine them in a condition altogether different from that to which they have been accustomed, to deprive them of all initiative, and force them to a passive obedience worse than that of a barrack because it is more perpetual? Assuredly it must, for, although they are madmen, they have not ceased to be men. Everything in an asylum should tend, on the contrary, to drive away sadness and induce gayety. As the joyous music of David dispelled the melancholy of Saul, so all the surroundings of the insane patient, everything he sees and hears, should have the same object."

THERE is a plan on foot for building a great municipal hospital in the city of Washington, D. C., to be composed of a group of thirty-seven buildings, including an administration building, a surgical building, pathological building, nurses' home, domestic service building, superintendent's house, ambulance stable, and fourteen two-story ward buildings. The tuberculosis hospital will consist of two large and one small ward building, and the contagious hospital will consist of an administration building, domestic service building, nurses' home, and four large ward buildings. There will be a central lighting and heating plant. Should the whole hospital be completed in accordance with the present plans it will accommodate about one thousand one hundred and fifty patients.



As Washington is already abundantly supplied with hospitals, such an expenditure of public money seems uncalled for.

THE Cumberland-Street Hospital, Brooklyn, N. Y., was reopened in July under the direct supervision of the Bureau of Charities. This institution has been closed since 1899, when the trustees of the hospital transferred it to the city. It has since been enlarged, renovated, and refurnished, and has now a capacity of about three hundred patients.

The Training-School is under the supervision of Miss Isabel Barrows, graduate of the Kings County Hospital Training-School. The institution will be conducted entirely as a homœopathic hospital so far as the treatment of the patients is concerned, otherwise the management will be identical with that of the Kings County Hospital.

THE corner-stone of the new Crozier Homœopathic Hospital was laid July 17, at Chester, Pa., in the presence of a large number of physicians of both schools and many interested friends. After appropriate religious services, the actual laying of the stone was done by the widow of the founder, Mrs. Mary S. Crozier. Half a million dollars has been left for the building, which will be of Avondale granite, and equipped with every modern improvement and appliance.

THE Massachusetts State Board of Insanity is preparing to build a hospital at Gardner where chronic cases shall be cared for. This will relieve the hospitals for the insane throughout the State of a great burden of care, and provide for a more thorough classification, making room for greater numbers of the curable insane. The plan is on the colony system, and it is estimated that one hundred patients a year will be transferred to the new institution.

THE Municipal Council of Paris has laid before a special commission a plan to equip a sanatorium on one of the properties of the Assistance Publique, with capacity of fifty beds, for the exclusive use of those nurses who may have contracted tuberculosis in their service.

A WOMAN house surgeon will be appointed each year on the staff of the Toronto General Hospital. Two women physicians will also be appointed as registrars.

#### TRAINING-SCHOOL NOTES

ON July 1 Miss Elizabeth Ramsden took her place as superintendent of the Delaware Hospital, Wilmington, Del., succeeding Miss J. C. Wilson, resigned. At the same time Miss Ada B. Shaw became superintendent of nurses in place of Miss Mary Reifsnyder, resigned. Miss Ramsden is a graduate of the Training-School for Nurses of the Hospital of the University of Pennsylvania, Class of 1898, and has had the advantage of being trained by such prominent women as Miss M. E. P. Davis, Miss Helena Barnard, Miss Roberta West, and Miss Linda Richards. Miss Shaw graduated number one in her class at the Philadelphia Hospital, and has for the past eight years had charge of the Meadville Hospital, Meadville, Pa., and is a member of the Superintendents' Association.

MISS ISABEL McISAAC has been granted a five-months' leave of absence, and will sail the latter part of the month for a trip abroad. There are to be several important changes in the Illinois Training-School at this time. Miss Grant, who has been the assistant in charge of the Presbyterian Hospital, resigns, to return to her own home in Scotland. The managers of the school in expressing their appreciation of her faithful services for thirteen years presented her with



a diamond brooch. Miss Higbee also resigns, after eight-years' service, to take care of an invalid mother. Miss Breeze will be the acting superintendent during Miss McIsaac's absence. Miss Euphemia McIsaac will have charge at the Presbyterian Hospital, and Miss Briggs will take Miss Higbee's place.

WE hear of a training-school at the Mahoning Valley Hospital at Youngstown, O., where there is a preparatory school for young women who are too young to enter the nurses' training-school. In this school the pupils pay for their instruction, clothing, and books. They are taught practical housekeeping, anatomy, physiology, materia medica, chemistry, and Latin. This would seem to be a step in the right direction, and it would be interesting to know the actual practical results of the experiment.

MISS ALICE A. GORMAN has resigned as assistant superintendent of the training-school and teacher of dietaries at the Massachusetts General Hospital, from which school she is a graduate. Miss Gorman is one of the first class to graduate from the course in hospital economics at Teachers College. She will spend the coming winter in the South.

MISS JEAN McNELLY, who has been at Lakeside Hospital, Cleveland, O., for four years, has resigned her position of night superintendent and has accepted a position on the Visiting Nurse Association staff, of Cleveland. Miss McNelly makes the fourth nurse who has been added to the association since its organization in the spring of 1902.

MISS M. HELENA McMILLAN, B.A., has resigned as superintendent of the Training-School of the Lakeside Hospital, Cleveland, O., and is to be succeeded by Miss Maude Ellis, a graduate of the Massachusetts General Hospital school, who for several years has had charge of the nursing at the Tewkesbury Almshouse, Mass.

MISS AUGUSTA C. ROBERTSON, who recently resigned as superintendent of nurses of St. Luke's Hospital, Chicago, has been appointed to succeed Miss Ellis at the Tewkesbury State Hospital, Mass. Miss Robertson is a graduate of the Massachusetts General Hospital School for Nurses.

MISS REBECCA CROSS, assistant to the superintendent of nurses and matron at Lakeside Hospital, Cleveland, O., has resigned her position. Miss Cross has returned to Montreal and intends to rest for a time.

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MRS. SANDERS'S ILLNESS.—Nurses who are graduates of the Illinois Training-School will all hear with regret and concern that Mrs. Sanders, the house mother and mainstay of the school, is now ill in the Presbyterian Hospital, where she has undergone a surgical operation. Mrs. Sanders, with her characteristic vitality, rallied well and is making satisfactory progress. All who know her will wish her complete restoration to health and long-continued activity in the school upon which for so many years she has stamped her own marvellous energy and stanch virtues.—L. D. D.



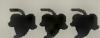


# THE GUILD OF ST. BARNABAS

IN CHARGE OF

S. M. DURAND

Public Library, Boston



BOSTON.—The next meeting of the guild will be on the last Wednesday in September. We wish to call the special attention of the guild in general to the following notice:

“A ‘Quiet Day’ for nurses will be given by the Rev. Father Osborne, S. S. J. E., at St. Margaret’s Home, 17 Louisburg Square, Boston, on Sunday, September 21. Any nurses who wish to take part are asked to send their names to Mother Louisa, St. Margaret’s Home, 17 Louisburg Square.”

It will be remembered that Father Osborne is the founder of the guild in America, and has always taken a keen interest in the nursing profession. It is possible that nurses from a distance could arrange to be in Boston for the day and would be glad to avail themselves of this opportunity. We are glad to learn that Mrs. Stockwell and Miss Durand, two of our associates who have been ill, are now convalescent. Mrs. Davis and Miss Tippet attended the July meeting of the Guild of St. Barnabas in London, England.

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BOSTON.—One of the most charming afternoon teas was given June 3 by Mrs. Larz Anderson at her beautiful home, “Weld,” Brookline, Mass., to the Boston Branch of the St. Barnabas Guild for Nurses. Carriages and automobiles were waiting at the end of the car line to convey the guests to the house. Mrs. Anderson was assisted in receiving by Miss Elizabeth H. Harries, a member of the guild.

The house is one of the most beautiful about Boston, built on a high hill, having a grand view of the surrounding country. Mr. and Mrs. Anderson took much pleasure in showing the many curios gathered in their travels around the world, which were most interesting and much admired.

An enjoyable collation was served in the beautiful dining-room. Miss Anna Weld, of Jamaica Plain, a cousin of Mrs. Anderson, and Miss Bessie Seabury, of Boston, poured tea, after which Mr. Anderson was most kind in showing the Italian garden and stable, which, by the way, is considered one of the finest in the States.

Mr. and Mrs. Anderson were an ideal host and hostess, and never were guests more delightfully entertained.—E. H. H.

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BROOKLYN LETTER.—The regular monthly meeting of the Brooklyn Branch of the Guild of St. Barnabas was held on April 21 with the usual order of services. Three members from the Seney Hospital were proposed. At the social hour following the business meeting the members were entertained with music and refreshments were served.

On account of the severe storm the March meeting was suspended. At the May meeting one new member was proposed.



Since the consecration of Bishop Burgess there has been no settled rector at Grace Church, consequently we were unable to have the corporate communion on St. Barnabas Day as usual. In default of this custom the members attended their own churches, in some instances several joining at one church. The largest number attended St. James's Church.

The annual sermon was preached by the Rev. Edward M. McGuffey, rector of St. James's Church, Elmhurst, in St. Stephen's Church on June 16, the rector of St. Stephen's, the Rev. Henry T. Scudder, being chaplain of the guild.

On Monday, June 16, the final service and meeting for the season was held in Grace Church and Parish-House as usual. Election of officers took place, the present staff being reëlected, namely: Chaplain, Rev. Henry T. Scudder, 194 Clinton Street; secretary and treasurer, Miss K. B. Edgar, No. 12 Cambridge Place.

Delegates to the General Convention were appointed, the chaplain, secretary, and one member, Miss David, with Miss Sanderson as alternate.

A social hour followed, when cake and ice-cream were served. A number of nurses having left the city, the number present proved less than was anticipated, consequently the balance of the bountiful supply of cream and cake was carried by the members to St. Christopher's Hospital for Babies and Sick Children, a few blocks away, where it was gratefully received.

Miss Florence Tildesley has charge again this year of St. John's Guild Hospital, Staten Island. Miss Fuller is doing a fine work at the Summer Home of the Children's Aid Society. Miss Prudy is in active work with the Red Cross Society.

The report of Brooklyn Branch of the Guild of St. Barnabas is quite satisfactory. Financially we are in a good condition. Although our branch does not reach the numbers of some other branches, those who are enrolled are loyal and true, and always attend the meetings when duty does not require their presence elsewhere.

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TRINITY BRANCH, CHICAGO.—The annual meeting of the Trinity Branch of the Guild of St. Barnabas was held in the Parish-House Wednesday evening, June 11. Our chaplain, the Rev. N. N. Wilson, held a celebration of the Holy Communion for the members of the guild at eleven o'clock in the morning of the same day. We were disappointed at not having a larger number of members present at the meeting, but so many of them were on duty that not more than twenty-five were present. On reviewing our past year, we think that on the whole we have had a successful one, and that a good deal has been accomplished in a quiet way. We feel, notwithstanding, that there is yet much to be done, but we nurses are rather slow to act, and there is always so much to hinder us that we are apt to let the time pass without making any definite move towards a particular object.

The Rev. N. N. Wilson opened the meeting with the usual prayers of the guild, after which the secretary's report was read and approved, also the report of the treasurer. A report was also read from Mrs. Bouchier, the treasurer of the sick benefit fund, showing about one hundred and sixty dollars in the treasury. We ought to have more than that, and we hope to have before very long. The election of officers then took place and both Miss Anna Wells Lee, secretary, and Mrs. John Rouse, treasurer, were unanimously reëlected. We feel that we can never give them up. A vote of thanks was given to our chaplain and officers for their untiring efforts on behalf of the guild, also to Mrs. Bouchier



for all she has done towards increasing the sick-benefit fund. After the business was concluded a little social time was spent, and after refreshments were served the meeting adjourned.

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PROVIDENCE BRANCH.—St. Barnabas Day, June 11, was observed by a celebration of the Holy Communion at half-past nine by the chaplain at St. Stephen's Church.

In the afternoon the guild went to Hunt's Mills for their annual meeting.

The resignation of Mrs. Buffum, who has served the guild so faithfully as secretary for the past two years, was heard with much regret.

Miss Mary Peck was elected secretary and Miss Mary L. Austin reelected treasurer.

At the close of the business meeting ice-cream and cake were served by the associates.

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INTERCESSION AT ST. PAUL'S.—During the week that the King lay ill there gathered one evening at St. Paul's Cathedral a throng of practitioners of the healing art in order to join in a solemn service of intercession for the recovery of the King, and to offer up their prayers to Almighty God that He would prosper the means employed by those members of the profession who were attending his Majesty in his sickness. Although the service was organized by the provost and council of the Guild of St. Luke, it was intended that the whole profession should be represented, and so tickets were forwarded by Dr. Russell Wells, the registrar, to all medical practitioners resident in London. Many applications for seats were received from doctors in the provinces, and as an opportunity of joining in the supplication for the restoration to health of the stricken monarch was also afforded to the general public, Wren's building was almost completely filled. In the musical portions of the service the combined choirs of St. Matthias's, Earl's-court, St. Matthew's, Westminster, and St. Mary's, Graham Street, took part. After the hymn, "Thine Arm, O Lord," was rendered, and the opening prayers intoned by the Rev. E. P. Williams, the Litany was sung in procession to a setting by the Rev. J. B. Croft. In this procession, and forming the centre of observation and interest, walked the doctors, more than fifty in number, in their robes of many hues. Among the gathering were to be descried M.D.'s of the University of London in crimson and violet, Cambridge graduates in scarlet gowns, Edinburgh men in red and deep purple, physicians and surgeons from Durham in gowns of red set off by "Palatine" purple, and those of St. Andrew's in red and white. Accompanying them in their progress through the cathedral were three lady graduates, wearing gowns of scarlet over pale blue, who retained their "mortar-boards" throughout the service. As the service was of penitential character the procession passed along the north aisle instead of the south. During its journey the congregation remained kneeling. On returning to the choir, the hymn, "O Saving Victim," was sung, followed by the first verse of "God Save the King," rendered by tenor soloist and choir, the congregation joining in with fine effect. The lessons were read by the Arch-deacon of London, the first being taken from Isaiah xxxviii., verses 10-21, the second from 1st Peter, chapter ii. Appropriate to the occasion were the Psalms xci. and ciii., for which Gregorian tones were employed. Then came the hymns, "O God, our Help in ages past," and "Before the ending of the day," and the service concluded with three special prayers for the King, after which the throng of worshippers quietly dispersed.



# PRACTICAL HINTS



**THE PREPARATION OF RUBBER GLOVES FOR SURGICAL USE.**—This can best be accomplished where there are the conveniences of hot- and cold-water faucets. As the soiled gloves are returned after operations it is a good plan to place them immediately in a pail of tepid water, to which a little washing-soda has been added. This softens up, and prevents the blood from drying on the rubber.

The gloves are then taken out separately and laid on a slab, and scrubbed with a fairly stiff brush and a weak soda solution: should there be any difficulty in removing some of the stains a little ordinary borax soap may be used, though, as a rule, the soap tends to leave the rubber sticky.

In scrubbing the gloves care must be taken that they are thoroughly cleaned, especially about and between the fingers, and, of course, they must be cleaned on both sides. In order to turn them, first pass the fingers downward through the opening, as though to invert the glove, and then fill up the pocket, or palm, with water, when it will be found that the force of the weight will make the fingers fall readily into place again—only the glove has been turned.

Now they must be well rinsed, and the best and easiest way to do this is to hold them under a running hot-water tap, and as each one is finished lay it with the fingers higher than the opening, so that most of the water may drain off.

It is important that the gloves be well dried after cleaning, and for this purpose use a good, firm, dry pad to work upon (a folded sheet answers well), and use soft absorbent towelling for the drying.

When one side is thoroughly dry commence to turn the gloves as before by passing the fingers through the opening; shake them down as far as possible, then fold or close the opening, and by holding it so, at either end of the aperture, firmly stretched, throw the glove once or twice over itself, when the palm will become filled with air, then by squeezing this on towards the fingers, they will be forced out again to their natural shape. If this cannot be readily accomplished, it is either because the glove was not held firmly enough and the air was allowed to escape, or because there is a puncture somewhere.

After thoroughly drying on both sides the gloves may be prepared for surgical use.

Some surgeons prefer having them powdered inside, for in this way they are much more easily put on. Talc, or soapstone powder, is perhaps the most satisfactory, and in order to apply it, sprinkle freely on the glove and distribute it evenly with the hand or a piece of gauze, then turn your glove once more, so that the powder may be on the inside.

Gloves are sterilized by boiling usually, and to keep the inside dry, take each pair, place the folded openings together tightly, in several folds, and secure them by a firm tourniquet of small rubber tubing: this, if properly adjusted, will prevent any water from getting inside.

Four pairs of gloves are generally required for each operation, and they may be placed in a bag made with a pocket numbered for each pair, or they may be rolled in a towel and boiled for ten minutes.

(Method of the Massachusetts General Hospital Amphitheatre.)

MARGARET P. PRIDHAM.



SIMPLE METHOD OF ARTIFICIAL RESPIRATION.—Dr. J. V. Laborde, of Paris, has published the following simple method for the restoration of drowning persons. The translation is from a leaflet which he distributes among his pupils, and in one case cited, a child that had been submerged fifteen minutes, breathing was restored in ten minutes:

“1. As soon as the drowning man has been taken from the water, force open his mouth. If the teeth are clenched, separate them with the fingers or by means of any hard object—a piece of wood, the end of a cane, the handle of a knife, of a spoon, of a fork.

“2. Firmly seize between the thumb and the first finger of the right hand the end of the tongue, using your handkerchief or any piece of linen to prevent the tongue from slipping; then repeatedly, rhythmically, and with decision pull it from the mouth and relax it alternately—at the rate of at least twenty times a minute, imitating the cadenced movements of expiration and inspiration.

“3. At the same time introduce far back into the throat the first finger of the left hand, pressing upon the base of the tongue, so as to induce vomiting, and thus free the stomach of the water or food which encumbers it.

“4. This treatment, the most efficacious known method of bringing back the respiration, must be begun without the slightest delay, and persistently continued for a half-hour, an hour, or more. At the same time all the usual remedies must be applied. Most important are the removal of the clothing, friction over the whole body, pressure upon the anterior part of the chest, the restoration of the bodily heat, and, where it is possible, the application upon the region of the heart of compresses of very hot water.

“The same method may and should be applied, in the same manner, in all cases of asphyxia and of syncope (loss of consciousness), from whatever cause.”

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TYPHOID FEVER FROM SOURCES OTHER THAN WATER SUPPLY.—Burying typhoid material in the earth without adequate disinfection is the surest way of perpetuating the disease and causing it to become endemic. The bacillus grows to the surface like a fungus in a hot-bed and there is evidence that it thrives luxuriantly amidst processes which originate nitrites and nitrates in soil and water. The water may be contaminated from these deposits, infection may be carried from them by flies or the wind, or garden produce may be polluted. The closet arrangements at many picnic grounds are responsible for cases. There may be a spore stage in which the disease is air-borne. Instant disinfection of dejecta with copper sulphate would almost make the disease extinct inside of a year.—H. M.





# OFFICIAL REPORTS OF SOCIETIES

IN CHARGE OF  
MARY E. THORNTON



[We must ask contributors to this department to make their reports as concise as possible, omitting all mention of regular routine business, and stating such facts as are of special interest to absent members or to the profession at large. The JOURNAL has already increased its regular reading pages from sixty-four to eighty, and it must keep within these limits for at least the remainder of the present year. In order to do this all of the departments are being condensed to make room for our constantly increasing items of interest.—ED.]

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## AMERICAN SOCIETY OF SUPERINTENDENTS OF TRAINING-SCHOOLS FOR NURSES

PROGRAMME of Ninth Annual Meeting, Detroit:

*Monday, September 8.*—Council Meeting at the Farrand Training-School.

*Tuesday, 9th, 9 A.M. (one session).*—Address of the president, Mrs. Gretter; reports of committees and officers; election of new members; papers on "Preparatory Teaching."

*Wednesday, 10th, 9 A.M. (one session).*—Class clinical teaching; papers on "Discipline;" examinations and markings.

*Thursday, 11th, 9 A.M. (one session).*—The progress of training-schools on the Pacific Slope; legislation for nurses; election of new officers; concluding business.

L. L. DOCK, Secretary.

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## NATIONAL ASSOCIATION OF HOSPITAL SUPERINTENDENTS

THE date set for the Annual Conference of the National Association of Hospital Superintendents is October 14, 15, and 16. The head-quarters will be at the Hotel Walton, Philadelphia. There are a number of other hotels at different rates in the immediate vicinity, where members can obtain comfortable accommodations.

The following excellent business programme has been arranged, and there is no doubt but that the papers and discussions will be of great benefit to all who attend.

The committees are made up of representative hospital superintendents of this country—gentlemen who have spent many years in the study of hospital problems.

The social features of the occasion, which are furnished visiting members without expense, will consist of a tally-ho ride through Fairmount Park, the Wissahickon Drive, and the Centennial Grounds, also reception and lunch at the Pennsylvania Hospital, which is the oldest hospital in the United States. The annual banquet will be held in the evening of October 15, and a theatre party on the evening of the 14th. It is also planned to have the members visit Inde-



pendence Hall, the United States Mint, the Cramp Shipyards, Baldwin Locomotive Works, and Girard College.

Free transportation will be furnished all members and their wives from Philadelphia to Atlantic City and return. These tickets will be available for use the day after the adjournment of the conference, and the return trip can be made at any time.

All who are interested in hospital work should plan now to attend this conference. The social and professional features are so great that no one can afford to miss them. Prominent Philadelphians will address the conference at the opening session.

#### PROGRAMME.

TOPIC 1—*The Relation of Politics to the Hospital*.—Committee: John Feherbatch, chairman, Cincinnati Hospital, Cincinnati, O.; William M. Geary, Philadelphia Hospital, Philadelphia, Pa.; Dr. E. J. Gilray, Erie County Hospital, Buffalo, N. Y.; Dr. Walter Lathrop, State Hospital, Hazleton, Pa.; Miss Elizabeth Lounsburg, Presbyterian Hospital, Cincinnati, O.; Dr. J. C. Biddle, State Hospital for Injured, Ashland, Pa.

TOPIC 2—*The Managers and the Superintendents*.—Committee: Dr. G. H. M. Rowe, chairman, Boston City Hospital, Boston, Mass.; Dr. H. B. Howard, Massachusetts General Hospital, Boston, Mass.; Dr. Charles O'Reilly, Toronto General Hospital, Toronto, Canada; A. T. Putnam, Grace Hospital, Detroit, Mich.; James P. Woodward, McKeesport Hospital, McKeesport, Pa.; Miss H. Wishert, Emergency Hospital, Warren, Pa.

TOPIC 3—*Hospital Reports and Records*.—Committee: James R. Lathrop, chairman, Roosevelt Hospital, New York, N. Y.; Dr. Henry M. Hurd, Johns Hopkins Hospital, Baltimore, Md.; J. R. Coddington, General Hospital, Elizabeth, N. J.; Miss M. P. Vaughan, Germantown Hospital, Germantown, Phila., Pa.; George T. Bailey, Jr., Jefferson Hospital, Philadelphia, Pa.; Dr. George T. Stewart, Bellevue Hospital, New York City.

TOPIC 4—*Dispensary Service*.—Committee: Dr. C. Irving Fisher, chairman, Presbyterian Hospital, New York, N. Y.; A. W. Shaw, Harper Hospital, Detroit, Mich.; L. C. Randall, Riverside Hospital, Buffalo, N. Y.; Miss Dorothy E. Skriver, Lancaster General Hospital, Lancaster, Pa.; Dr. John M. Peters, Rhode Island Hospital, Providence, R. I.; S. L. Tatman, Mt. Sinai Hospital, New York, N. Y.

TOPIC 5—*Hospital Construction*.—Committee: C. S. Howell, chairman, Western Pennsylvania Hospital, Pittsburg, Pa.; Dr. Frank E. Baker, City Hospital, Newark, N. J.; George G. Sawyer, Baptist Hospital, Chicago, Ill.; L. W. Weigand, Eastern District Hospital, Brooklyn, N. Y.; Mrs. M. H. Laurence, Franklin County Hospital, Greenfield, Mass.

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#### STATEMENT OF THE PUBLICATION COMMITTEE OF THE NEW YORK STATE NURSES' ASSOCIATION

*To the Nurses of New York State.*

The Publication Committee of the New York State Nurses' Association, under instructions from the Executive Committee, issues the following statement to the nurses of the State who have not been able to attend the meetings during the past year.

The first general meeting, held in Albany, April 16, 1901, was announced



as widely as possible beforehand through the nursing journals, the public press, and by notices sent to training-schools and individual nurses so far as addresses could be obtained. At this first meeting Miss S. V. Nye, of Buffalo, was elected president, with Miss E. C. Sanford, of Rochester, secretary; and a constitution was adopted consisting only of the three articles required by the incorporation papers, viz.: the name, the objects, and the officers of the association. The by-laws were purposely left to a later meeting in order to give time for nurses to think well over the requirements for membership and that each step might be taken slowly and carefully.

The second meeting was held in New York, January 21, 1902. At this meeting the eligibility for membership was agreed upon, viz.: that graduates from all general hospitals giving a two-years' course, and graduates from any State hospital for the insane giving a course equal to that of the New York State hospitals for the insane should be eligible for membership. Nurses who were trained before 1897 are eligible who had only one-year's training. The size of the general hospital is not considered, and by general hospital is understood a hospital where general diseases are nursed.

The by-laws were not finished at this second meeting, but the association voted that incorporation papers should be obtained, and this was done before the third meeting.

The third meeting, which was also the annual meeting, was held in Albany, April 15, 1902. The by-laws were finished and formally adopted and new officers elected, the secretary remaining the same.

With the beginning of its second year, the work of organization being finished, the association is now in a position to take definite steps towards raising the standard of nursing in New York State.

It has always been understood that the work of a State society of nurses is to secure laws which will establish a uniform and definite basis for the practice of nursing, just as the State medical societies have had laws passed which regulate the practice of medicine, and although not stated in so many words in the constitution, one object of the New York State Nurses' Association, as stated at every meeting and in every announcement, is to work for legislation as a means of raising the standard.

What can legislation do for nurses? It can do this: it can prevent a probationer or pupil dismissed for unfitness from donning a uniform and calling herself a trained nurse, thus imposing upon the public and endangering the lives of sick people. True, it cannot prevent the public from employing such women if they choose, but it can prevent the public from being deceived. Such women must be known for what they really are, untaught and untrained women, and in this way they will be prevented from competing with the fully trained nurse who has given two or three years to the study of her profession. Then, little by little, and year by year, the law can require the training-schools to give better and more complete training. It can fix a "minimum" standard of teaching. This will be what we all agree upon as the least that any woman ought to know in order to call herself a trained nurse.

The New York State Nurses' Association is now taking the first step towards the passage of such a law. Its Legislative Committee is taking the advice of members of the Board of Regents towards forming a legislative act to this end, and now we call upon all nurses of New York State who care for their profession to give their help. What can they do?

First, they must be interested. So far the private-duty nurses, who are the



very ones who suffer most from bad conditions, have taken the least interest. We call upon them to inform themselves as to this movement. If they belong to *alumnæ* associations or general nursing clubs, they should see that their society or club joins the State Association. If they do not belong to any society or club, they should join the State Association as individuals.

Next, they should talk of the importance of this movement to their patients, to the physicians with whom they work, and to their friends. They should explain the dangers to the sick, especially when the doctor is not near at hand, and the wrong to themselves of the present lax methods in nursing.

They must do all in their power to reach the politicians who will vote in the Legislature. They must interest all the people they know who have influence in reform movements, such as the members of women's clubs and those prominent in educational matters.

New members may be admitted at any regular meeting provided their application has been made two months previously, therefore nurses wishing to enter at the next meeting should write at once to the secretary, Miss E. C. Sanford, 149 Chestnut Street, Rochester, N. Y., who will send them copies of the constitution with any information desired.

Private nurses, if they are interested, can be a great power in this movement through their personal influence with the people with whom they come in contact. We make this appeal to every nurse in the State to do her share in the uplifting of her profession.

SOPHIA F. PALMER,

LAVINIA L. DOCK,

FRANCES BLACK,

Committee on Publication and Press.

ROCHESTER, N. Y., July 20, 1902.

[Two thousand copies of the above circular are being mailed to nurses in New York State.—ED.]

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#### THE BOSTON CITY HOSPITAL NURSES' ALUMNÆ ASSOCIATION

ON Tuesday, June 3, the Boston City Hospital Nurses' Alumnæ Association held its annual meeting at the Riverside Recreation Club-House.

Very interesting reports of the Fifth Annual Convention of the Nurses' Associated Alumnæ that has recently taken place in Chicago were received from the delegates.

The announcement that the next convention would be held in Boston was received with enthusiasm. Various methods were discussed in regard to enlisting all the graduates as members of the Alumnæ Association. The members will receive notification of an additional meeting in January.

A warm tribute was paid to the value of THE AMERICAN JOURNAL OF NURSING in keeping nurses informed in regard to all progressive movements in the nursing world. The chair was instructed to appoint a committee to confer with the Nurses' Alumnæ Associations in Boston and vicinity in the matter of State registration for nurses.

The association endorsed the action of the Executive Committee in sending a remonstrance to the Committee on Ways and Means in regard to the proposed enactment regulating the hours of work of nurses and attendants in hospitals and asylums. The stand was taken that nurses are pupils receiving an educa-



tion or that they have a recognized calling or profession, and are not to be considered as laborers or followers of a trade.

After the business of the hour was over Miss Mary M. Riddle, the president for the last five years, vacated the chair for the incoming president, Miss Sara A. Bowen.

The secretary, Miss Elizabeth C. Fairbank, and the treasurer, Miss Alma C. Hogle, were retained in office.

A very delightful social hour, followed by refreshments, brought the annual meeting of 1902 to its close.

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#### THE NEW JERSEY STATE NURSES

At the meeting of the Medical Society of New Jersey, held in Atlantic City, June 17, a resolution was passed expressing sympathy with the nurses of New Jersey in their efforts to establish a legally organized body, and endorsing the aims of the New Jersey State Nurses' Association.

E. FAHRINGER, Secretary.

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#### CONGRESS PROCEEDINGS

THE bound volume of the Congress proceedings is now ready—price \$1.25—to be ordered from the secretary, Miss Maud Banfield, Polyclinic Hospital, Philadelphia, Pa.

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#### REGULAR MEETINGS

BUFFALO.—The regular annual meeting of the Erie County Hospital Alumnae Association was held in the parlors of the "Cottage," June 4, at three P.M., the president, Miss H. McKinnon, in the chair. The yearly reports were read and accepted. One new member, Miss Annie Foster, Class of 1901, was elected to membership. The election of officers resulted as follows: President, Miss Hughanna McKinnon; vice-president, Miss Ellen Mullet; secretary, Miss Emma Keating; treasurer, Miss Adele M. Swain; Executive Committee—Miss Marie Flickinger, Miss Laura Reid, Mrs. L. H. Pfeffer. A committee of three, consisting of Miss Keating, Miss McKinnon, and Mrs. Pfeffer, was appointed to work on the revision of the constitution and by-laws of the association. On motion of Mrs. Pfeffer, the meeting was resolved into a committee of the whole to discuss the revision, so that the committee might receive any suggestions the members might give. Miss Jennie M. Cox, the delegate appointed to attend the National Associated Alumnae meeting, held in Chicago in May, read an excellent and enthusiastic report of the meeting and took the occasion as a good time to impress upon all nurses how necessary she thought it was that each nurse should be a subscriber to *THE AMERICAN JOURNAL OF NURSING*. At five o'clock the meeting adjourned to meet the first Wednesday in September.

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ROCHESTER.—At the regular meeting of the Rochester City Alumnae, which was held July 8, only a few of the members were able to be present. The names of four applicants for membership were read and one resignation announced. The registrar's report was given, followed by Miss McLaren's report of the Convention of the Associated Alumnae.



BROOKLYN.—The Alumnae Association of St. Mary's Training-School, Brooklyn, held its regular quarterly meeting at St. Mary's Hospital on Monday, July 7, at four P.M. Five nurses were proposed for membership. After the business meeting the members enjoyed a social hour. The meeting adjourned to meet the first Monday in October.

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MILWAUKEE.—A special meeting of the Nurses' Alumnae Association of the Milwaukee County Training-School for Nurses was held at the Nurses' Home June 21, 1902. The following new officers were elected: President, Mrs. F. Patterson; first vice-president, Miss C. Kickhoefer; second vice-president, Miss B. Naustraut; treasurer, Miss E. D. Smith; secretary, Mrs. Maude Sullivan.

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PATERSON, N. J.—The Alumnae Association of the Paterson General Hospital held its annual meeting on Tuesday, June 3, 1902, at three o'clock. The following officers were elected: President, Miss Rosine Vreeland; first vice-president, Miss M. Sherwood; second vice-president, Miss A. McEwen; recording secretary, Miss Elsie Post; corresponding secretary, Miss Jean H. Cochran; treasurer, Miss F. Demarest. Refreshments were served in the nurses' sitting-room after the meeting had adjourned.

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#### PERSONAL MENTION

MISS HALL, of the Meadville Hospital, Meadville, Pa., has accepted the position as substitute nurse in the Middletown District Nurse Association for the months of August and September. Miss Hall has just returned from an extended visit in California.

THE many friends of Miss Hamblet will be pleased to learn that she is convalescent and able to leave the hospital, where she has been under treatment for some weeks.

MARY GRACE HILLS, the assistant nurse of the Middletown District Nurses' Association, spent the month of August in the wilds of Maine, camping.

MISS M. G. MARKHAM has gone for a six-weeks' visit to friends in Canada.

MISS ROWE will spend September in Boston.

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#### MARRIAGES

IN Austin, Ill., July 23, Miss Harriet L. Sonn, graduate of the Illinois Training-School, to Dr. Geoffrey J. Fleming. Dr. and Mrs. Fleming will be at home after October 1 at 441 South Park Avenue, Austin.

AT the home of her parents, in Goshen, Mass., Miss Edith Mary Dowkott to the Rev. Peter H. J. Lerrige, M.D. Dr. and Mrs. Lerrige go to the Philippine Islands.





# FOREIGN DEPARTMENT

IN CHARGE OF  
LAVINIA L. DOCK



## ORGANIZATION NOTES

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### GERMANY

THE editor of the Foreign Department is intensely interested in items that have appeared lately in the Holland nursing journal *Nosokomos* regarding Fräulein von Schlichting, the late superintendent of nurses at the great Hamburg State hospital, which has one of the two most modern training-schools in Germany. According to *Nosokomos*, Fräulein von Schlichting has undertaken to organize German nurses on modern and self-regulating lines, has given up her hospital position in order to devote herself more fully to this work, and is meeting with much opposition from the medical and institutional authorities, who have so far ruled nurses' entire lives with absolute despotism, and is also confronted with discouraging unreadiness on the part of nurses themselves. Fräulein von Schlichting is one of the most able and forceful women that our profession can show anywhere, and is honorary vice-president of the International Council of Nurses for Germany. If anyone could arouse German nurses to ask for more elastic conditions of life and less severe conditions of work, she is the one. Until we hear from her we shall feel more or less in the dark, and can only wait to know more.

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### ENGLAND

*Nursing Notes* for July has the following editorial remarks on State registration of nurses:

"A newly constituted society for the State registration of nurses, recently formed by the Matrons' Council, met at Morley Hall on May 30. Miss Louisa Stevenson, who was to have presided, was detained in Edinburgh by illness, and the chair was taken in her absence by Miss Isla Stewart. The object of the society is to promote a bill in Parliament to provide for the legal registration of trained nurses. How far the present chaotic condition with regard to nursing matters would be remedied by State registration is a matter on which nurses as well as doctors differ, but there is certainly a growing opinion that some organization or centralization with regard to nursing matters is required. . . . The Royal British Nurses' Association hoped to organize nurses and register them, but as it consists of medical men as well as nurses it is not surprising that the management of affairs is not in the hands of the nurses, and that not much progress has been made in organizing them. . . . Nurses in America afford us an object-lesson in the way they organize their profession. Perhaps we have the germ of a like organization in such bodies as the League of St. Bartholomew's, and that of St. John's House nurses. It has always seemed to us woful that there is no organization of a professional nature among those of one training-



school who have severed connection with their alma mater. Individual friendship, as long as the matron who trained them remains at the hospital, may, and often does, exist, but we have no direct means by which the opinions of those who are at work in the wider nursing world can be made known to the parent stem, whose new sprouts would often be benefited by a little knowledge on the part of the authorities of what is the trend of public opinion, what are the new needs of the profession, and what are the developments taking place in a larger world than is bounded by the four walls of the beloved old training-school."

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### ITEMS

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**NURSES IN THE PUBLIC SCHOOLS.**—The District Nursing Societies of Birmingham and Liverpool have for several years given object-lessons of what a trained nurse can do in the public schools. In Birmingham, about two years ago, on the request of the head teacher of one of the public schools, the society agreed to send a nurse daily to the school to dress small cuts, wounds, etc. Besides dressing the simple cases she directs many children to a dispensary or writes a note to the mothers advising them to call in a physician. The work is so satisfactory that urgent appeals have come in from other schools for a nurse, but the Nursing Committee could not afford more than one nurse for this work unless the schools could pay for their services. This they have not yet been able to do, but it is hoped that before long some way may be provided by which at least six more schools may have the nurses' services.

In Liverpool similar work has been done for five years by the Queen Victoria District Nursing Association, as this is considered a legitimate branch of district nursing work. *Nursing Notes* says:

"The work of these nurses having met with great success, arrangements were made by the council for carrying it on more systematically, by two nurses set apart for this purpose. During the last twelve months, though the work was only partially organized during the first three months, fourteen schools have been visited from once to three times a week, and over eighty thousand dressings were made. Of course, in the vast majority of cases the dressings were of an exceedingly simple character, but of their usefulness there can be no doubt. In some cases outbreaks of epidemics which might have been serious have been checked, and the teachers and managers of the schools have united in expressing their high appreciation of the value of the work done by the nurses. Perhaps the most striking recognition which this branch of the work has received was the circular issued by the Board of Education, in which they specially called the attention of all managers of schools to the importance of attending to the minor ailments of children, and specially commended the work being done by the district nurses in Liverpool."

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**MISS CATHERINE WOOD**, of London, recently opened the new South Block of the Nurses' Hostel, of which she is manager and part owner, and visitors were invited to inspect the arrangements. This new block provides a large number of unfurnished rooms for the use of nurses who wish to furnish for themselves. The rent for these apartments varies from eight shillings to eleven shillings,—about two dollars to two dollars and seventy-five cents a week.



**NURSING IN FIJI**

By MISS MAY C. ANDERSON

Sister Superintendent

(Sent by courtesy of B. Granville Corney, Chief Medical Officer, Fiji, to the International Congress of Nurses, in 1901, at Buffalo)

AWAY in the distant Pacific, far from the centres of civilized life, one scarcely expects to meet with all the comforts so easily obtainable in large cities. Nevertheless, in one group of islands, one of the many in southern seas, we have our little hospital, which, though not an imposing edifice of stone, tiles, etc., still carries on its work from year to year, and achieves the primary end for which hospitals exist.

Many things have a humble beginning, and this institution is not an exception. The beginning was made in 1883 by erecting a few native houses of unsawn timber, reeds, and thatch; not aseptic, perhaps, many nurses may think, and quite correctly so, yet for a time they served their purpose in sheltering patients who came from neighboring or distant islands. Situated on rising ground, overlooking a beautiful harbor within coral reefs, and surrounded by tropical foliage, the spot was happily chosen for its future development. In course of time properly equipped wooden buildings superseded the primitive structures of thatch, and accommodation was provided for a much greater number of patients.

Until 1888 the hospital was in charge of a non-resident medical officer, and its domestic administration was presided over by an untrained matron who was kind, indeed, to the patients, but lacked the knowledge so essential in nursing the sick. The work of the wards was carried on by native and Melanesian laborers. The need for further improvement soon became very apparent, and the government decided to obtain the services of a trained nurse. Our pioneer sister was a lady from St. Thomas's Hospital, London, who bravely set to work to surmount the difficulties incidental to life in a new country, previous lack of nursing organization, and an unfamiliar vernacular. During the early years Europeans rarely sought admission to the wards, for it was regarded as a native hospital only, and many necessary comforts were wanting. The sister soon found that it was impossible to work on alone, and accordingly made arrangements to train probationers, one of whom remained to complete her training (three years), and for some time worked under a sister who was trained in the London hospital and succeeded the one previously mentioned. Subsequently the appointment again became vacant, and was next filled by an old-time probationer, who continues in charge at the present time. From 1888 forward a resident medical superintendent has been installed. The wards are nine in number, detached, and contain in all one hundred and seven beds. The operating theatre, dispensary, office, and eye-room are included in the block which contains the European wards, but there are also two separate private wards for the latter class. Our patients include a very mixed variety, Europeans, Fijians, Indian coolies, representatives from almost every island in the South Pacific, and a few stray Japs and Chinese. Owing to the natural formation of the land it was impossible to build the wards in regular pavilions, and perhaps, in a climate like ours, this is no disadvantage, on account of race prejudices. In fair weather the walk from ward to ward is pleasant enough, and nurses and patients almost live in the open air; but in the rainy season, which is a long



one, the task is not quite so easy, for the distances to be traversed are too great to permit of covered ways. This, however, is a detail—the roughs of life are ever mixed with the smooth, and the pretty surroundings in fine weather compensate for the disagreeables of the heat and rain. The buildings are all timber, surrounded by spacious verandas, roofed with shingles, the floors stained and polished, and all kept spick and span. The Europeans' wards are fitted with all the ordinary ward furniture and are very bright and cheerful. The native wards are not supplied with more than is really necessary, as native habits are usually somewhat grimy and disagreeable, and nurses must ever be on the alert to keep everything clean. Though the actual scrubbing, sweeping, and polishing is done by native ward servants, they are so untrustworthy that an untiring supervision has to be maintained over their work. Iron bedsteads are used throughout, and the Fijians use mats, blankets, and native pillows (a piece of wood or bamboo on two short legs, which supports the nape of the neck), not our idea of comfort, but sufficiently cherished by them. Very few indulge in the luxury of a soft pillow. Of course, patients who are very ill are provided with all that is necessary, but unless there is any reason why a change should be made we allow them to follow their own customs in so far as is consistent with good sanitation and discipline. Attached to each ward is a lavatory and shower-bath with an abundance of excellent water; for a daily bath is a necessity here, and often has to be insisted on. Not one of the least amusing of my duties is the early round and questionings to learn if each patient has had his "morning tub," and some of the evasive replies and frequently direct and unblushing falsehoods I meet with are very ingenious. The patient's delight is unbounded when he can show you some wet hair, and the laugh of satisfaction that passes around is infectious when a less fortunate perverter of the truth is promptly sent to have his bath.

As with all uncultured people, the Fijians have curious ideas about soap and water, and when not under European supervision they allow their sick to lie for weeks and even months and never dream of washing or sponging them, or even combing their thick hair. Imagine our feelings when such cases are brought to the hospital,—and those of the friends (who often stay a few hours) when they see the bath given. There is much, apart from actual nursing, that is interesting in the customs, ideas, and languages of the people with whom we have to deal.

Diets are sometimes a difficulty with native patients, and as we try to give to each according to his religious and caste prejudices, the diet-list often presents a very complicated bill of fare. Rice enters largely into all their meals, with bread, yams, taro, breadfruit, tea, all ordinary invalid delicacies, and some meat or fish. Smoking is habitual with all native races here, and is generally allowed outside or in the verandas, but patients sometimes steal a smoke in the wards, and pipe and tobacco are confiscated from a man who is not smart enough to hide them before a nurse appears. They love to secrete their little treasures under their mats, so, to keep the beds fresh, everything is sunned and aired each fine morning, and when the doctor comes round the wards really look very quaint, with the rows of beds, bright-fringed mats, with brown, black, and yellow patients.

The nursing of some of our patients is often difficult, for they cannot understand our reasons for much that is done, but on the whole they are amenable and, if persuaded and firmly treated, are fairly submissive. Every year adds some improvement to our wards or buildings, but, like *Oliver Twist*, we are



always wanting more, though by patient waiting and steadfast adherence to purpose we usually get what we want in the end.

Our admissions last year amounted to one thousand four hundred and seventy-two, but the number of out-patients treated is only about five hundred and fifty annually. The diseases met with are, *inter alia*, dysentery, yaws, ankylostomiasis, tuberculosis, internal and external parasites of all sorts, and many others with which most nurses have to deal.

Enteric fever is not prevalent in Fiji, but isolated cases sometimes occur and run a more or less irregular course. Your newly acquired territory in Samoa, or, at any rate, the German portion of those islands, whose people we consider our neighbors, has, however, quite an evil reputation with regard to that disease, and almost all the worst cases of enteric fever we have nursed in our hospital have been brought to us from the warships on that station.

Our operations are conducted on aseptic principles, and our death-rate for all admissions only averaged 3.56 per cent. in the last five years. The European staff consists of a resident medical superintendent, visiting surgeons and physicians, sister-in-charge, three nurses, and a steward. The dispenser is a native Fijian, who is clever and competent. Native students are trained here and receive a three-years' course of instruction in technical and practical work, after which, if successful in their examinations, they are sent out among the sick in the provinces. They sometimes work alone, but are for the most part under the supervision of a district medical officer. The cooks and other servants are Indian coolies.

The training for the nurses extends over three years. Lectures are given by the medical staff, and they receive instruction in practical ward work and invalid cooking from the sister. A certificate is given if the examinations are passed creditably. As well as our own work in connection with our wards, much is done to help the district medical officers and the native practitioners, who requisition all their supplies from this, the parent hospital as it were. The Fijian group comprises over two hundred islands, about eighty of which are inhabited, and some of these are very isolated. The total population is about one hundred and twenty-two thousand six hundred and seventy-three. It is thus a difficult matter to reach all the sick, but during the last three years provincial hospitals in charge of English medical men have been established and sanitary inspectors appointed to visit the more populated districts, so that at the present time the wants of the Fijian are being well cared for. In time we shall train more nurses, and some may like provincial work; just now the only trained nurses here are our own. Infant mortality in the villages is great. It is pitiful to see the condition of some babies brought into hospital, and to note the apathetic, ignorant helplessness of the mothers. It is almost useless to try and teach the present generation of mothers very much. On one occasion, after talking to a number of women for some time, and demonstrating how children should be treated from birth onward, they listened most attentively, agreed ostensibly with all I said, and admired our methods; but they finally remarked: "Yes, that is all very good and true for white people, but we are Fijians." As a rule, they are pleased when anything is done for the children, and the mothers, who often come in with them, severely scold the little things if they cry or show any fear of us.

In the native wards prayers are said every night and morning by one or another of the patients, who acts as a lay reader, and a hymn is sung in which everyone joins. Native games are played on the veranda, but nothing gives so



much pleasure as a pack of cards for euchre, and the boys' delight is unlimited when presented with a few marbles. Story-telling is a favorite pastime, and most natives are fluent speakers. One evening I listened to a man relating the story of "Dick Whittington and his Cat" to a most interested audience. So prolonged was the tale with additions from his own inventive brain that it was some time before I realized what he was talking of; unfortunately, my interest flagged early, and I bade them good-night and retired. The Fijian is very patient when ill and nothing worries him, except a milk diet, for which he has an intense dislike; but they are not hard to manage, and they never fear the approach of death.

If a nurse so wishes it, her life may be made very happy if she takes a genuine interest in her work and the people. The "off-duty" hours and holidays are liberal, and uniform is provided. People here are somewhat cut off from the world at large, Australia being eight-days' and New Zealand four-days' distant, but there is pleasure in looking forward to the arrival of the fortnightly mails; and, if we cannot visit historical places or have the advantages of more civilized lands and institutions, nature, at least, comes forward and offers a great deal that is beautiful and instructive to supply their place. Bright-foliaged crotons and coleuses grow in luxuriant profusion, and many other gay shrubs and flowers are used to adorn the many hills, slopes, and nooks provided by the natural formation of the land. The large crimson hibiscus grows exceptionally well and makes effective hedges to line the paths from ward to ward, so that the hospital is like a very picturesque rural village, and fulfils all the needs of a tropical climate.



CONTINUOUS BATHS IN SURGERY.—Pressly reports several cases, including crush of foot, severe contusion of thigh, pus infection of thigh, lacerated wounds, and burns treated with excellent results by means of the continuous bath. The water should be clean, preferably running, warmed to about the body temperature, and should have a specific gravity approaching that of blood serum. In addition to adding warm water every half hour it is necessary to change the entire volume of water three or four times in twenty-four hours. The specific gravity may be raised to approximate 1.028 by the addition to one drachm of common salt to the quart of water. Boric acid may be added for its antiseptic influence. Good results can be obtained with the ordinary bathtub and foottub. The following advantages are claimed for this method: 1. The warm water is an anodyne, and the patient suffers less pain and requires less opium than under any other treatment. The afflicted member being floated by the water, may be moved by the patient, and his comfort is again increased by not being forced to remain immovable for a more or less prolonged period. 2. The odor from offensive wounds is controlled better than by any other way. 3. It constitutes the most perfect drainage attainable. In superficial lesions the bath has its greatest usefulness, but even in deeper infections brilliant results are obtained. The bath should be kept up intermittently or continuously until the wound is protected by granulation tissue.—C. A. O.



# CHANGES IN THE ARMY NURSE CORPS



## CHANGES IN THE ARMY NURSE CORPS RECORDED IN THE SURGEON-GENERAL'S OFFICE FOR THE MONTH ENDING AUGUST 7, 1902.

ABEL, ROSE E., sailed from San Francisco on the Kilpatrick July 1 for duty in the Philippines; arrived in Manila July 29; assignment not yet reported.

Armistead, Amanda J., transferred from the Brigade Hospital, Dagupan, P. I., to duty in Manila.

Ashen, Sarah C., transferred from the Brigade Hospital, Dagupan, P. I., to duty in Manila.

Brown, Mrs. Jessie M., formerly on duty at Vigan, P. I., discharged in the Philippines to be married.

Bunker, Sara Russ, appointed and assigned to duty at the United States Army General Hospital, Presidio, San Francisco, Cal.

Cox, Sara M., transferred from duty at the First Reserve Hospital, Manila, P. I., to duty on transport Logan en route to the United States. Arrived in San Francisco July 8; on leave until further orders.

Daly, Annie A., appointed and assigned to duty at the United States Army General Hospital, Presidio, San Francisco, Cal.

Eastham, Marian, recently transferred to Manila, assigned to duty at the First Reserve Hospital.

Fairbanks, Helen G., transferred from the First Reserve Hospital, Manila, P. I., to United States for discharge. Arrived in San Francisco August 1.

Graham, Catherine B., transferred from the First Reserve Hospital, Manila, P. I., to duty on Logan en route to United States. Arrived in San Francisco July 8; on leave until further orders.

Hall, Mrs. Mary B., recently transferred to Manila, assigned to duty at the First Reserve Hospital.

Harroun, Mary I., transferred from the First Reserve Hospital, Manila, P. I., to duty on Logan en route to United States. Arrived in San Francisco July 8; assigned to temporary duty at the United States Army General Hospital, Presidio.

Hoffman, Matilda, assignment as chief nurse at Calamba revoked; sailed on Sheridan en route to United States. Arrived in San Francisco July 19 and assigned to temporary duty at the United States Army General Hospital, Presidio.

Kemmer, Alice S., transferred from the First Reserve Hospital, Manila, P. I., to duty on the Logan en route to the United States, with orders to return to the Philippines; has requested discharge.

Kepkey, Georgia M., promoted to the position of chief nurse at Calamba, P. I., to date from June 8, 1902.

Konkle, Lena Luda, recently assigned to temporary duty at the General Hospital, Presidio, San Francisco, from the First Reserve, Manila, discharged.

Krauskopf, Lilian, transferred from the First Reserve Hospital, Manila, P. I., to duty on the Thomas en route to the United States. Arrived in San



San Francisco August 1; assigned to temporary duty at the General Hospital, Presidio.

McEvoy, Anna E., transferred from the United States Army General Hospital, Presidio, San Francisco, to duty in the Philippines. Sailed on the Sheridan July 16.

Plummer, Samantha C., transferred from the First Reserve Hospital, Manila, P. I., to duty on the Sheridan en route to the United States. Arrived in San Francisco July 19; assigned to temporary duty at the General Hospital, Presidio.

Riordan, Marie A., transferred from the General Hospital, Presidio, San Francisco, to duty as instructress in cooking at the Hospital Corps School of Instruction, Fort McDowell, Angel Island, Cal.

Roper, Mary Julia, appointed and assigned to duty at the United States Army General Hospital, Presidio, San Francisco, Cal.

Rourke, Louise R., recently transferred to Manila, assigned to duty at the First Reserve Hospital.

Smith, Stella, transferred from the Brigade Hospital, Dagupan, P. I., to duty in Manila.

Sweet, Agnes, transferred from the United States Army General Hospital, Presidio, San Francisco, to duty in the Philippines. Sailed on the Sherman July 16.

Trenholm, Eva, transferred from the Brigade Hospital, Dagupan, P. I., to duty in Manila.

Underwood, Eleanor, transferred from the United States Army General Hospital, Presidio, San Francisco, to duty in the Philippines. Sailed on the Sherman July 16.

Vanderhoef, Ida E., appointed and assigned to duty at the United States Army General Hospital, Presidio, San Francisco, Cal.

Warner, Mrs. Lena A., formerly on duty at the General Hospital, Presidio, San Francisco, discharged.

Wattie, Jessie, appointed and assigned to duty at the United States Army General Hospital, Presidio, San Francisco, Cal.

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NOTE.—The reduction of the number of troops in the Philippines has transformed many of the base and brigade hospitals into ordinary post hospitals. It has never been deemed advisable by the Surgeon-General to employ female nurses at the latter, and consequently the number of places where trained nurses are serving is greatly reduced. There now remain but four such in the Philippines, namely, First Reserve, Manila, Convalescent Hospital at Corregidor, the Military Hospital at Iloilo, on the Island of Panay, and the one at Calamba, Luzon. The last brigade hospital to be closed was the one at Dagupan. As will be seen from the above notes, all the nurses have been ordered away from that place.

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CIRCULAR  
No. 4.

WAR DEPARTMENT,  
SURGEON-GENERAL'S OFFICE,  
WASHINGTON, June 6, 1902.

The following regulations governing the duties in hospitals of the personnel of the Army Nurse Corps are published for the information and guidance of all concerned:



DUTIES OF CHIEF NURSE.

A chief nurse is charged with the general superintendence and immediate control of the nurses in the hospital, and is responsible for their comfort, conduct, efficiency, and technical knowledge of nursing; she is under the immediate orders of the commanding officer of the hospital.

With the approval of the commanding officer she will appoint from among the nurses one who will act as the responsible head of each ward. This nurse should be selected with special reference to her professional and executive ability and her experience in administrative work. With the approval of the commanding officer a nurse will also be appointed in charge of the night service of the hospital.

The chief nurse will be responsible for the orderly condition of the nurses' quarters in all departments thereof, and all other matters pertaining thereto.

She will familiarize herself with the "Army Regulations" and the "Manual for the Medical Department," so far as they affect her duties, and will keep copies of these books for consultation by the nurses.

The chief nurse will instruct the nurses in military nursing and in the duties peculiar to army work, and give them every opportunity to become familiar with military rulings and precedents.

The chief nurse will see that the provisions of General Orders and the regulations made by the Surgeon-General or the commanding officer of the hospital with reference to the nursing service are faithfully carried out, reporting to the commanding officer any misconduct or neglect of duty on the part of the female nurses.

The chief nurse will prepare the efficiency reports as required by General Orders, No. 49, Adjutant-General's Office, June 3, 1902, and will specially observe the nurses under her, with a view to making recommendations for promotion.

When nurses are recommended for promotion they should be reported upon according to the following scale:

Ability to govern .....	20 per cent.
Adaptability to army work .....	10 per cent.
Practical nursing .....	10 per cent.
Executive experience .....	10 per cent.

(A special statement should also be made concerning the health of each candidate, both before and at the time of making the recommendation.)

DUTIES OF THE NURSE IN CHARGE OF A WARD.

A nurse assigned to duty in charge of a ward will receive no additional pay and her hours of duty will be the same as those of the other nurses; but she will be exempt from night duty unless acting as chief night nurse.

It will be her duty to keep the records and reports of her ward. She will assign beds to patients (under direction of the ward surgeon) on their admission to the ward, and will be responsible for the cleanliness of the patients and bedding and for the proper administration of medicines and diets ordered, allowing no unauthorized supplies in the ward.

She will be responsible for the enforcement of all rules affecting the nurses under her, and for all orders for the patients.

She will instruct the Hospital Corps men on duty in her ward in nursing,



and will report to the ward surgeon any neglect of duty by them, or any infringement of rules on the part of the patients.

She will be held strictly responsible that her assistants are in their places at the specified hour and in the prescribed uniform. Any failure to comply with these requirements must be reported at once to the chief nurse *in writing*.

She will assign the duties and hours off duty of her assistants (making report of the same to the chief nurse) and will see that they report promptly at the hour named.

When for any reason it is necessary for her to leave her ward she will assign one of the nurses to act in her place.

*A ward will not be left at any time without a responsible head.*

She will keep the keys of the medicine closet and will also be responsible for the economical use of all supplies.

Any breach of discipline or infraction of rules on the part of the nurses must be reported at once to the chief nurse.

Before going off duty she will write all orders, instructions, and notes that may be required for the guidance and information of the night nurse.

When the service requires a nurse may have charge of more than one ward.

#### DUTIES OF A NURSE.

A nurse will study and conform to the rules of military discipline and obey strictly and without question or delay any order which may be given her by her superior officers. Should there be any uncertainty regarding an order, it will be brought to the attention of the head nurse, who will immediately submit the matter to the medical officer who gave the order. She will familiarize herself with the details of the "General Orders for the Government of the Army Nurse Corps," of which she will retain a copy, and will study such portions of the "Army Regulations" and "Manual for the Medical Department" (which are in the custody of the chief nurse) as relate to the performance of her duties.

Nurses will begin their ward duties each day at such time as may be fixed by the officer in charge of the hospital. They will in like manner be relieved from duty at a fixed hour in the evening and will, when possible, be allowed two hours in the day for exercise and recreation, and such other time during the week as the work will permit. They will present themselves for duty dressed in the prescribed uniform. They will adhere punctually to their respective time-tables and will be most particular to return at the exact hour specified. They will perform such duties as may be assigned them by the nurse in charge.

They will not visit other wards during their hours of duty by day or by night without special permission, and will not under any circumstances either remain in their own ward or return to it or visit other wards when off duty.

#### NIGHT DUTY.

All nurses except those in charge of wards will in turn be expected to serve on night duty for a period not exceeding one month at a time.

The same rules will be observed by night nurses as are in force for those on duty by day. The hours will be assigned by the commanding officer. The night nurse in each ward will make a written report on all orders, notes, and instructions which were given her, and other matters relating to the condition of the patients under her care, with other general information that it may be desirable for the day nurses to know.



When several nurses are on night duty the chief nurse will, with the approval of the officer in charge, appoint a nurse who will have the supervision of all nurses on night duty. This nurse will not be assigned to any special ward, but will make rounds at intervals during the night. She will see that all the night reports are full, accurate, and properly prepared. The same rules which govern the day nurses in charge of wards will apply to her.

Before going on duty she will report to the chief nurse for instructions, and before being relieved in the morning will make both a written and personal report to the chief nurse of the incidents of the night.

When a patient is dying she will see that the fact is promptly reported to the officer of the day, and will herself be in the ward with the regular nurse to render such advice and assistance as may be needed.

All deaths must be mentioned in her report to the chief nurse in detail, *i.e.*, patient's name in full, rank, company, regiment, and hour of death, and stating also the names of those present when the patient died.

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At the expiration of six months from the date of this circular officers in charge of hospitals where army nurses are serving will recommend to this office such amendments to these regulations as they may deem desirable.

GEORGE M. STERNBERG,  
Surgeon-General, United States Army.



THY friend hath a friend, and that friend hath a friend; wherefore be discreet.

While the word is yet unspoken, you are master of it; when once it is spoken, it is master of you.—*Proverbs from the Arabic.*

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BE careful that your mind become not the highway of sentiment instead of the fruitful field of generous affection.—WALTER SAVAGE LANDOR.

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EVERY man feels instinctively that all the beautiful sentiments in the world weigh less than a single lovely action.—LOWELL.

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THE good work of the world is done either in pure and unvexed instinct of duty; or else, and better, it is cheerful and helpful doing of what the hand finds to do, in surety that at evening-time whatsoever is right the Master will give.—JOHN RUSKIN.



## LETTERS TO THE EDITOR



*[The Editor is not responsible for opinions expressed in this Department.]*

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[WE have in hand a number of interesting communications that have been sent anonymously to this department. The announcement is made in every number that without the name in full and address of the writer such communications cannot be recognized. The name need not appear in the JOURNAL unless so desired.—ED.]

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DEAR EDITOR: I would like, if I may, to use the JOURNAL to ask the superintendents of other nurses' schools if they are satisfied with the educational methods being used and the results obtained in nurses' schools from an educational stand-point. I frankly confess that I am very much dissatisfied with both. We are certainly "training" our pupils, but we are not "educating" them. By the word "education" in reference to the nurse I do not mean an undue amount of book knowledge, but all those other points which are in reality of greater importance than theory—for with the nurse practice must ever be first, and theory be given to make her more perfect in her practical work.

The fact has been forcing itself upon me more and more strongly that we are not yet on the right track. We are not lacking in ideals or theories and it is not from want of trying on the part of heads of schools. The trouble is that we cannot reach our ideals or put our theories into practice. The best of theories give way under the stress of hospital work, and many, many times educational principles are sacrificed to the hospital work. The hospitals are not to blame for this—merely the method. Possibly if we keep on long enough with our present method of making ideals and trying to teach not only ourselves to live up to them, but in addition trustees and Boards of Lady Managers, superintendents, and the medical profession,—for in hospitals we are absolutely helpless without the support of all of these,—we may reach what we want. I doubt it, however. I am firmly convinced that our only educational salvation is to get the pupil nurse entirely under control of the nurse educator, which means getting her away from the hospital.

It has already been suggested that a central school for the preliminary training should be established, in which pupils should be instructed by nurses for three, six, or twelve months,—whatever the specified time,—and then sent to their chosen hospital school. Think of the luxury of having pupils entirely under the control of a teaching staff of nurses!

Why not go further and keep the pupil in that school under a staff of nurse teachers for the entire term of her course of instruction? Establish an American College for Nurses, established and directed by nurses!

There is nothing impossible about this; it only requires a little enthusiasm and energy. It would necessarily and advisably be started in a small way—nurses' schools started not long ago very humbly.

The present existing conditions in hospitals would not be interfered with, this being merely an additional and independent effort.



Nurses have many friends: the American public is generous and would subscribe enough to start it if they saw the advisability of doing so, and we—nurse superintendents and all interested in the education of the nurse—are the ones who should show them the importance of taking up this work. It is really a duty which we owe to pupil nurses.

This all sounds very crude, I do not doubt, and needs working out, but if we will only make the effort, it can be brought about. If we can get a small endowment, a few of the right women as its teaching staff, and a few pupils, the start is made. Its success, of course, will depend upon the ability and enthusiasm of its teachers and the support of the nursing profession. If a central place be chosen for the college, the domestic science schools I am sure can be prevailed upon to help out, possibly the medical colleges for some subjects.

For the teaching of the actual methods of nursing all that is necessary is to have the sick, and the sick abound in the large cities. I do hope other superintendents may feel as I do and be willing to at least consider this matter, and see if there is not something in it.

M. HELENA McMILLAN.

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DEAR EDITOR: I note in the Report of the Fifth Annual Convention, held in Chicago, Ill., May 1, 1902, that Miss Lathrop, in her address of welcome, stated that there is in this country and abroad an active effort to place cases of acute mental disorder in the category of general hospital cases, and thus under the care of trained nurses.

I do not wish to criticise said address or the prevailing tendency to further and promote this innovation, but I would like to call attention to the expediency of carefully considering this problem before a definite conclusion has been reached in that direction, or until the present existing phase has been viewed in its true light.

Some of the disadvantages from a private hospital stand-point are as follows:

First. The lack of spacious grounds, which are so essential for recreation, fresh air, and sunshine.

Second. The financial aspect should be taken into consideration. The additional expense incurred in the erection of a private hospital, with thick and impenetrable walls, suitable for insane patients, would, in most cases, exceed the means of the most sanguine advocate, double-hearted as he may be, but single-handed.

Third. They have no facilities for entertaining and diverting the deluded minds of the insane, which is one of the primal features in the training of attendants in hospitals for the insane.

Fourth. This is an age of specialties. The physicians and attendants who devote their time exclusively to acute nervous diseases can with a greater degree of intelligence meet the demands and combat the obstacles that are sure to confront them every hour in the care and observance of acute mental complications.

From the personal experience which the writer has had, having graduated from a large private hospital training-school for nurses, and afterwards having been superintendent of nurses in a State insane hospital, she would say that the *modus operandi* of care and the treatment of cases and the private hospital regime and insane routine are vastly separate and distinct, and that if the two were combined and the outcome of the work noted carefully, we should soon reap the perilous catastrophes occasioned by such intermingling of patients.



The other side we will consider for a moment.

A medical and surgical hospital should be free from noise and everything tending to promote and occasion excitement; hence, unless windows were securely barred and doors locked the medical and surgical patients would be found laboring under an impending dread continually of being visited or attacked by some of those poor, unfortunate acute mental victims, who are by nature of their disease prone to make escape or attack someone.

In conclusion, I believe there will be manifold obstacles to surmount before the acme of such a combine can bud and ripen into the practicability of consigning insane patients to the care and keeping of private hospital domains.

BESSIE BANNISTER.

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DEAR EDITOR: Having read your JOURNAL with interest during the past six months, and enjoying the information afforded, I would be pleased if you could give space sometime for a little explanation of the following. During the past spring in the vicinity where I reside a severe case of pneumonia was treated by the serum treatment. The patient recovered after a long convalescence. Very bad abscesses formed after the injection of the fluid.

Not having used the treatment in my practice yet, I would like to know something about it. Does it always cause the formation of abscesses? Does it act on the lungs directly? Are there heart complications to be watched for?

ALICE HEATLEY,

Nurse in charge of McKean County Home, Smethport, Pa.

[REPLY]

Pneumotoxin has been used in pneumonia in an experimental way for the last two or three years with rather doubtful results, about the same proportion of recoveries occurring with the use of the serum as without it. The majority of opinions is rather against its use, although, owing to the fact that the introduction of the serum does not interfere with the use of other remedies, those objecting do not urge their objection very strongly.

The serum is expensive and difficult to obtain, the process being somewhat similar to that used in producing the diphtheria antitoxin.

When given it is in the quantity of twenty-two cubic centimetres injected subcutaneously, repeated every six to eight hours until a marked change for the better occurs. Frequently one dose is sufficient, while at times three or four must be given.

Some authorities claim that the introduction of the serum counteracts the toxic effects of the germ, others that it acts directly on the germ itself.

Abscesses should not follow the introduction of the serum, and if such occur, they are probably caused by the impurities in the serum or, which is much more likely, to an imperfect technique and lack of cleanliness at the time of injection.

No heart complication arises from its correct use.

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27 LARGO IL MIGNONE, FLORENCE, ITALY, June 2, 1902.

DEAR EDITOR: In this month's JOURNAL on page 686 I find a cure given for warts, and it occurs to me that some of your readers may be glad to know of another and very simple treatment the efficacy of which I can vouch for. From some friend or other I had been told of this cure, and having, in our Medical Mission surgery, a bad case of warts on the hand, for which all the caustic appli-



cations tried had proved useless, I thought to tell our patient of the remedy and let her put it to the test. When next I saw her it was several months later, and then no trace of the former disfigurement was visible. On inquiring I found that this was the result of the cure suggested. Since then I have recommended it to others with good results. The treatment is simply to suck the warts the first thing in the morning on awakening and *before* the mouth has been in any way rinsed out. The saliva has then a peculiar chemical action upon the warts and by degrees causes them to disappear. The treatment should be persevered in till this result is attained. As there is a chemical reason for this treatment, and it is so simple a one, it really deserves to be made known!

TH. A. ROBERTS,  
Directress Florence Medical Mission.

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DEAR EDITOR: The March number of your AMERICAN JOURNAL OF NURSING is before me. I have looked over "The History of Visiting Nurse Work in America," by Harriet Fulmer, and enjoyed it very much.

I write to say that she omitted a very important work of this kind being done in this city.

The church of which I am pastor has had a visiting nurse in the field for several years. Our present nurse is Miss Mary J. McKibbin, of Newburg, N. Y. Her work is most satisfactory, and the church is accomplishing much through her that it could not possibly do otherwise.

I would be glad if you notice this omission in your excellent journal.

With assurance of high regards, yours truly,

WILLIAM M. ANDERSON,  
Pastor First Presbyterian Church, Nashville, Tenn.

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DEAR EDITOR: Is there no way to do away with one great evil to our profession, and that is the graduating of pupils from hospitals of not more than fifteen or twenty beds? A board of directors start these hospitals oftentimes for private gain, and decide that the cheapest means of having the nursing done is the training-school. They then proceed to become incorporated and start a school for nurses. The pupils spend from two to three years under this management, generally obtaining only a surgical training, with insufficient theoretical instruction, little practical experience in general diseases, and absolutely none in maternity or contagious nursing. In spite of all this, however, at the end of the specified period, with a great flourish of trumpets, the public is invited to the graduation of these nurses(?), when it witnesses the presentation of beautifully engraved diplomas bearing on them huge seals and the names of numerous officers of the hospital and medical boards, and these women are launched on the world as trained nurses, and are in a position to compete with those of us who are graduated from the best training-schools. It seems to me that no State or province should incorporate a training-school in a hospital of less than seventy-five beds. There are numbers of good trained nurses who would be glad to do the work in these small hospitals at a fair salary, and the benefit to the hospital and public would be infinitely greater.

B. H. C.

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[LETTERS to the Editor must be accompanied by the name in full and address of the writer, otherwise such communications cannot be recognized. The name need not appear in the JOURNAL unless so desired.—ED.]



## EDITOR'S MISCELLANY



[WE printed in this department in the August number a clipping sent to us, from what we supposed a reliable source, which we have since learned was inaccurate, and we make the following correction.—ED.]

“THE SOCIAL HALLS ASSOCIATION” of New York, of which Miss Lillian D. Wald, of the Nurses’ Settlement on Henry Street, is the president, has lately secured property on Clinton Street between Grand and Broome, and plans are being made for a five-story building to contain assembly- and waiting-rooms suitable for concerts, lectures, weddings, balls, religious services, etc., with a billiard-room, bowling-alley, and roof-garden, and the necessary kitchens and store-rooms to carry on two restaurants, a café for men with lunch-counter, and a restaurant for non-smokers. A stock company has been incorporated, and it is expected that with a moderate rate of interest the directors may make it a paying investment of three or four per cent. and still be able to give to the people treble the accommodations usually provided when such a building is erected as a purely business enterprise.

The people who enjoy the benefits of the building will pay moderately for what they have, and will be patrons, and not patronized, as is the case when an institution is conducted on a purely philanthropic basis. Heretofore the people living on the lower East Side have been obliged to make use of the halls adjoining the saloons, and, naturally, demoralizing results have followed. By providing an attractive meeting-place for boys’ and girls’ clubs and the various local organizations, and serving good food at moderate cost in an attractive manner for which a reasonable charge is made, the association is demonstrating a form of practical philanthropy the example of which will undoubtedly be followed in other cities. That the movement centres in the Nurses’ Settlement is a matter of pride to the profession, and the results will be watched with great interest.

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NURSES’ SETTLEMENT, NEW YORK.—Within the past six months the settlement has been extended as follows: Under the special supervision of Miss Mabel Kittridge an apartment in an ordinary tenement has been rented and suitably furnished, and with such accommodations as the people may have in their homes all the lessons are given in house-cleaning, home-making, laundry, and “domestic science” in general. The rooms, attractive in their simple, inexpensive furnishings, make also a wholesome “resort” for the members of the classes.

A large house at 299 Henry Street had been purchased by the late Mr. Leonard Lewisohn for the use of the settlement, and the members of his family continue his generous relationship to the work.

One of the houses formerly used for residents and for the kindergarten is by this provision freed for the use of the young men and women who are members of the senior clubs.

A house overhanging the Hudson River banks has been built for the chil-



dren's and girls' use during summer vacation time, and plans are at this writing under consideration for a better equipped convalescents' home.

A camp for the boys in one of the outlying parks has been made possible through a friend of the boys and the granting of a site by the Park Commissioner.

The nursing staff has been enlarged by the College and University Settlements, each having one in residence, who is responsible for the calls in her vicinity.

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BRITISH CONGRESS ON TUBERCULOSIS.—From the "Annual Report of the Matrons' Council of Great Britain and Ireland for 1901" we quote the following:

"On the invitation of the Convening Committee a delegate was appointed to attend the British Congress on Tuberculosis held in London in July. Miss Todd, matron of the National Sanatorium for Consumption, Bournemouth, kindly consented to act in this capacity, and subsequently presented a most interesting report of the proceedings, which demonstrated the success and usefulness of the congress and the impetus given to the closer investigation of the cause of tuberculosis.

"At the same time Miss Todd placed on record, with regret, the fact that no representative of the nursing profession was among the speakers at any of the meetings, or an invited participant in the discussions, while every other body of workers, such as those of public health, chemical and veterinary science, connected however remotely with medicine, had representatives who contributed to the debates as experts in their own subjects, and who watched the proceedings in the interests of the various societies who had nominated them.

"The need of such a nursing expert was specially felt in the State and Municipal Section, where the necessity of teaching the community at large the importance of light, ventilation, fresh air, and cleanliness, as prophylactic measures against disease, was greatly urged, and the difficulties of doing so discussed. None of the speakers seemed to realize how much is already done in this way by our magnificent organizations of district and parish nurses, whose work brings them into touch with the poor in their very homes." Miss Todd pointed out in conclusion that the carrying into effect of the various resolutions passed by the congress must very largely depend upon the loyal coöperation of members of the nursing profession.





# EDITORIAL COMMENT



## THE THIRD YEAR OPENS

WITH the October number this JOURNAL enters upon its third year. We take occasion to remind our subscribers who are interested in the welfare of the JOURNAL that renewals should be made promptly for two reasons:

First, because after an interval of two or three months we are not always able to supply back numbers, and the file is thus broken, and, second, because it is necessary for the managers to know at the beginning of the year approximately what the business outlook is to be. The members of the five organizations which this JOURNAL represents officially have all an interest in its success, and to these members we appeal for promptness in renewals and for their coöperation in broadening its field of usefulness.

## THE PROFESSIONAL STANDING.

The professional standing of the JOURNAL is firmly and broadly established and recognized. Every day brings us renewed assurance of its value as a medium through which nurses are being brought into closer unison for the advancement and uplifting of the profession. Such questions as the management of directories, the establishment of club-houses, preliminary training, registration, and organization, with its multitude of allied subjects, have taken more definite form during the past two years, and we claim our just share of credit as a promoter of these projects.

Voluntary contributions from nurses increase steadily, showing a growing tendency towards literary expression that is most gratifying.

## OUR ADVERTISING PAGES.

We have taken great pride during the year in the character and growth of our advertising pages. It has been our policy to accept only such material as we were justified in believing to be reliable, and it is being proven that by following this course we are securing an exceptionally high class of advertisers. We believe that in a professional journal of high aims and standards the advertising pages should be free from quackery, as well as the reading pages, and we ask our supporters to aid us in maintaining this principle by giving their patronage, when consistent, to those business houses who advertise with us, whose patronage is a necessary part of our business management.

## HOW EACH ONE MAY HELP.

We repeat the request that we made last year, *i.e.*, that each subscriber who is interested in the welfare of the JOURNAL and who wishes to aid in its success and development will, in sending her own renewal, try to secure one additional subscriber. If this could be done universally, it would be all the aid we should need to ask of a financial nature. Many of our readers have an opportunity to spread the knowledge of our JOURNAL among clergymen, teachers,



and that great army of men and women workers for the good of the public welfare whose lives touch that of our professional work at so many points. In this direction there is great opportunity for the nurse in private practice to do valuable work for the JOURNAL. We want such people to read it,—even if they do not subscribe for it,—that they may appreciate what nurses are doing for their own advancement, and what they are doing also for charity.

WHERE PROGRESS IS MARKED.

The idea of a different system of preliminary training has grown in a very marked degree during the year, and State registration has taken great strides.

The training-school superintendents of Boston have plans in connection with Simmons's College for a department for preliminary training. The Rochester Mechanics' Institute is practically ready to open such a course when the superintendents and hospital managers will agree upon a curriculum. The women at the heads of the training-schools in Philadelphia are agitating the establishment of an independent Central Nursing Institute, in which they have the support of Dr. S. Weir Mitchell and other prominent physicians.

The superintendents in New York City have been in conference in regard to preliminary training for the nurse schools of that city, and we believe the year to come will bring success to at least one of these groups of workers. Finances and a curriculum are the two points to be settled.

We shall give prominence to this work, from month to month, and watch the progress made in the different cities with great interest.

STATE REGISTRATION.

For the nurse in private practice the subject of State organization and registration is the vital one. The Publication Committee of the New York State Nurses' Association has issued a circular letter to nurses of the State setting forth the situation, and two thousand of these circulars will be mailed, but the difficulty of reaching the great numbers who are not organized is felt, and addresses sent to the secretary will receive prompt attention.

Miss Dock's "Compilation" in the present issue should be studied carefully, as it shows the consensus of medical opinion, which is of special interest at this stage of the movement.

That the New Jersey State Nurses' Association has received the endorsement of the New Jersey Medical Society in its plans for legislation is a matter for warm congratulation, which all nurses of other States must, we feel sure, join with us in extending to it.

TO WHOM THANKS ARE DUE.

We again make grateful acknowledgment to the scores of physicians and nurses who have aided us in many ways during the year, and to our staff of collaborators who have rendered such faithful service our thanks are cordially extended.

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MEETING OF THE SUPERINTENDENTS AT DETROIT

THE official notice of the ninth annual meeting of the American Society of Superintendents of Training-Schools for Nurses will be found on another page. During the past five years these meetings have been held in conjunction with



the alumnæ meeting, and the interest has been felt to have been somewhat divided. This year every indication points to a very interesting and successful convention. The city is charming, the arrangements are most complete, and the subjects to be presented full of interest. It is not, perhaps, understood by all that superintendents who are not members are cordially welcome as guests, and nurses who wish to attend are free to do so, but, of course, only the members take an active part in the official proceedings. We call attention to Mrs. Gretter's letter in the August number, explaining the advantage of taking the boat at Buffalo, making part of the journey by way of the lake. This we know from personal experience to be a charming trip.

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#### MORE OF THE SOCIAL

WITH September and October nurses' associations of various kinds will organize for the winter, and we venture to emphasize the point made by Miss McIsaac some time ago, that the tendency in making the programmes is towards too much of the instructive and educational and not enough of the social. We wish the entire group of nursing organizations would devote the coming winter to getting better acquainted with one another. We believe a season given up to social functions, theatre parties, even sewing-circles, would tend to bring the members so much more closely into sympathy that another year all the educational work would go forward with renewed vigor. Even the customary "cup of tea" taken hastily after a business meeting or lecture does not seem to aid very much in bringing together the members who are strangers to one another. Those who are already friends chat a moment together, and the pleasure is great, but at the end of a season the old and the new graduate are just as great strangers to one another as they were at the beginning of the season. Let some of the fun and nonsense that goes on in a nurses' home be brought into the gatherings of the graduates. There is nothing about private nursing that makes a woman forget how to dance, how to act charades, or plan a costume party, or even to play whist, tell fortunes, or make "fudge." There is talent enough in any group of fifty nurses to provide quarterly entertainments of a high social order, provided the spirit could once be made to move in that direction. If the old members have forgotten how, give the young ones a chance. An appreciative audience is a necessary part of the plan.

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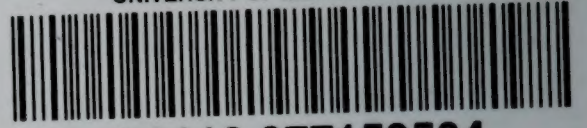








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